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# **Learning to Foster: Articulating the Dimensions**

**Alexandra Gayle Hartley  
BPhil Ed; Sister Tutor's Diploma (London).**

**Submitted in fulfilment of the requirements for the degree of**

**Doctor of Education (EdD)**

**School of Education**

**College of Social Sciences**

**University of Glasgow**

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## **ABSTRACT**

This study was prompted by my feelings of ignorance and insecurity as a newly approved foster carer welcoming a traumatised five year old child in to our home. What I perceived to be an inadequate preparation for the everyday practicalities of fostering was exacerbated by the lack of communication between and amongst social workers and foster carers. Yet at study days, I observed that experienced foster carers appeared to have acquired a practice wisdom that I was lacking and unable to access. As a result, my initial questions were as follows. Do experienced foster carers acquire a tacit understanding of their practice in caring for vulnerable and possibly damaged children? Does this understanding relate to known theories in such a way that allows non-specialised or non-treatment foster care to provide a therapeutic intervention for Looked After and Accommodated Children? In order to structure this enquiry, I looked initially to Nussbaum's (1997) Capabilities Approach, an approach that asks the question: 'What is this person able to do and to be?' (Nussbaum 2011:21). I adapted this question to: 'what is it that foster carers do and how can they make a difference in the lives of Looked After and Accommodated children?'. For an individual to use their capabilities to their fullest extent requires the cultivation of their 'capacities', namely critical self-examination, connectedness with the world, narrative imagination and scientific understanding, those qualities which enable a person to flourish (Nussbaum, 2011). I used these capacities to construct a conceptual framework for the study.

In order to connect with the world of care for children, I conducted ten semi-structured interviews with foster carers and, from that data, I created narratives related to specific areas of care, some of which I had identified *a priori* and others which I derived from the data. These narratives are explored in relation to current policies and relevant research in an endeavour to identify themes, patterns and contradictions. From this exploration, the key themes of care and caring, aspects of recovery from trauma, and theories of human development, including those of attachment, resilience and well-being, were identified and explored.

The narratives and their discussion raise further questions with regards to the moral, political and legal landscape of foster care, my personal positioning in regards to my role, current constructs of care and the potential therapeutic contribution of non-specialised foster carers. Finally, I propose a new form of preparation for foster carers, 'Learning to

Foster' as a synthesis of my data, which includes recommendations from the National Foster Care Review (LACSIG, 2013).

Concluding the study, I suggest that foster carers have the capacity to provide therapeutic interventions for Looked After and Accommodated Children, but that their capability to do so is reduced by the current practices of social work systems. In order to enhance the contributions that foster carers can make, I suggest that dialogue between foster carers, social workers and managers needs to occur and to be strengthened. With the understanding I have gained from undertaking this study, promoting that dialogue will be my next endeavour.

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Local Authority Foster Carers Agreement (2015).	

## **LIST OF ACCOMPANYING MATERIAL**

Local Authority Foster Carer Agreement (2015).

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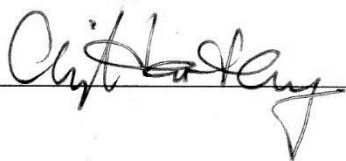
I would also like to acknowledge a debt of gratitude to Dr George Burns of the University of Glasgow, who took the ‘leap of faith’ that a woman whose work was at home could make the transition to Doctoral Student. In making that transition, I found my fellow students engaging and supportive. I feel privileged to have been studying with them. I would not have been able to undertake this study without the support of the Local Authority Children and Families Services, who gave me permission to approach their foster carers as part of this research. Having the opportunity to meet some of my fellow foster carers and to be inspired by the quality of perception that they brought to the care of vulnerable children and young people was significant in this research. I would also like to thank my Supervising Social Worker, Tom Niccolls, who was always willing to discuss points that I raised, and Elaine Hemphill, Child Protection Social Worker, who was always willing to challenge my perceptions, in a positive way, when necessary.

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## **AUTHOR'S DECLARATION**

"I declare that, except where explicit reference is made to the contribution of others, that this dissertation is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Signature \_\_\_\_\_

Printed name ALEXANDRA GAYLE HARTLEY "

## **ABBREVIATIONS**

Arginine Vasopressin	AVP
British Association for Adoption and Fostering	BAAF
British Association of Social Workers	BASW
Continuing Professional Development	CPD
Corticotropin Releasing Hormone	CRH
Doctor of Education	EdD
Her Majesty's Government	H.M. Government
Looked After and Accommodated	LAA
Looked After Children Strategic Implementation Group	LACSIG
Multidimensional Treatment Foster Care	MTFC
National Occupational Standards	NOS
Nursing and Midwifery Council	NMC
Recognition of Prior (informal) Learning	RPiL
Scottish National Vocational Qualifications	SNVQ
Scottish Qualifications Authority	SQA
Treatment Foster Care	TFC
United Nations Convention on the Rights of the Child	UNCRC

## **CHAPTER ONE: SETTING THE SCENE**

This Dissertation focuses on the knowledge and understanding of foster carers, who care for vulnerable children who are ‘looked after’ by a Local Authority. At the moment this knowledge tends to remain unique to individual carers and there is no formal opportunity for a newly registered foster carer to learn from the experiences of other foster carers. Caring for other people’s children within an imposed legal and occupational framework presents challenges for newly registered carers, whose induction to fostering starts with the placing of a child or children. My focus here is on the acquired practical knowledge and understandings of experienced foster carers and I link this to and from theoretical perspectives on child development and care. By linking practice with theory and vice versa, I aim, ultimately, to propose an outline of a learning and continuing development programme for foster carers with the intention to inform practice and contribute to increased support for carers through education and learning opportunities.

In this initial chapter I will introduce the subject of my inquiry and my particular focus. Here I will outline my motivation and vision for the research and explain how it is located within a broader context. From this, the basis for a conceptual framework will be articulated. The value of conducting the research will be explored through an initial review of the literature and, finally, the research methodology will be discussed with attention to particular issues around bias and ethical behaviour. Finally, I will outline the structure and subsequent chapters of the Dissertation.

The subject of this EdD inquiry, as noted above, is the learning and development experiences and needs of foster carers. The term ‘foster carer’ or ‘foster care’, covers a variety of situations in which a child is cared for, out with their own family, in the home of another family, that of the foster carer, who is ‘receiving an allowance or a fee’ (Triseliotis et al., 1995:11). In order to respond to the different reasons for which a child may need to be accommodated in foster care, there are usually a variety of classifications or ‘placement descriptors’ (Looked After Children Strategic Implementation Group, hereafter LACSIG, 2013:15). These descriptions include relief or respite, emergency, short-term, long-term or permanent foster care. According to the Scottish Government (2015), relief, respite, support or short-break care occurs when a child, or family of children, are accommodated for pre-arranged short periods of time. With emergency fostering, carers make themselves available to receive children at any time of the day or night until more permanent

arrangements can be made. By contrast, short or medium term foster care, which can last up to three years, is intended to give parents time to sort out practical difficulties or relationships, as a means of helping children to overcome difficulties, or in order to protect a child whilst longer term plans are made. Long-term care is intended to give stability to those children who are not able to return to their families but who may not be eligible for adoption. This is the terminology in use in my Local Authority in Scotland. However, these are not precise definitions. The National Foster Care Review (LACSIG, 2013:15) noted that there is considerable variation across the foster care sector as to the meaning of these terms, citing examples where short-term is used to describe timescales from a few months to two years. For the purposes of this study, however, I will use the terminology which is in common use in my Local Authority.

### Motivation for Research

This study was motivated by my experiences as a newly approved foster carer taking responsibility for a young ‘Looked After and Accommodated (hereafter LAA)’ child on a 24-hour basis in our home. My husband and I had applied to become foster carers for our Local Authority in 2005. We were originally approved for a long term placement of a child between 6 and 10 years of age, with the possibility of adoption at a later stage. It would be a planned move for the child, with short, ‘getting-to-know-you’ visits known as acquaint visits and short term stays with us so that we and the child could get used to one another before the move became permanent. This is what we were told would happen. However, one Wednesday night we were telephoned by our social worker who asked us if we would be prepared to take a child as an emergency placement for a short term. The child was already in foster care but, because of unexpected circumstances, had to be moved quickly. We agreed to offer the child a place and only then was the case history made available for us to read. The story was harrowing and I began to doubt my capacity to care for this child. However, in preparation for the child’s arrival, I prepared a bedroom, making it as comfortable and welcoming as I could. I prepared macaroni cheese as a meal in the hope that it was something that most children would like to eat and then the family, my husband, our fourteen year old daughter and I, nervously awaited the arrival of the child.

Prior to being approved as foster carers, my husband and I had attended Preparatory Groups. Preparatory Group Training days are held at weekends so that couples can attend together. The curriculum covers why children are looked after and accommodated in foster care and the effects of separation, loss and transition. Challenging behaviours, attachment theory, safe caring and responding to allegations also form part of the discussions. In total there are four day-long courses designed to give an overview of issues but time constraints mean issues are not covered in depth and many candidates go no further than this. Those with a genuine interest and commitment move on to the pre-approval stage, which centres on interviews with a social worker. It is during this time that one's own experience of children and of parenting is explored. The British Association for Adoption and Fostering (hereafter BAAF) Form F is used as a guide to the assessment of both foster carers and adopters and as a format for compiling and presenting the information acquired. Part 1 of the Form F contains the factual details of the foster carer, which allows for background checks to be made. Part 2 consists of an in-depth analysis of the family background and relationships in order to determine the applicant's suitability as a foster carer. However, this information gathering and subsequent analysis is dependent on the skill of the interviewer, as any biases on the part of the interviewer may affect how the candidates chose to respond to the questions, making the findings from the interview invalid at worst and questionable at best, according to Luke and Sebba (2013). There is also a Skills Based Form, detailing the level of competence expected of all foster carers, which the potential foster carer is expected to complete before going to the Matching and Approval Panel. This Pre-Approval or Preparation stage is an assessment process conducted by social services to determine suitability to become a foster carer/adopter rather than being a specific learning process for the applicant. However, since at this stage the candidate does not have a child placed with them, some areas such as 'caring for a child' may be, as Beesley (2010) points out, hard to evidence. Nonetheless, once the assessment is complete, the final decision on approval as a foster carer/adopter goes to the Matching and Approval Panel.

After Approval has been granted there are study days on differing topics held several times a year but only one of them is funded for a crèche. As a consequence, carers who already have their own children or a child placed with them may find it difficult to attend. In the time between approval and the placing of the child, I had managed to attend several study days on Attachment Disorder. This disorder is characterised by disturbed and developmentally inappropriate social interactions which are not accounted for by

developmental delay, but in which there is a significant history of neglect and/or abuse, according to the American Psychiatric Association (2000). These study days explored the presentation of attachment disorders which may be seen in LAA children, and manifested, for example, by their avoidance of care-givers, indiscriminate affection towards strangers, or ‘frozen watchfulness’ in which the child appears impassive and still whilst maintaining an increased state of vigilance (American Psychiatric Association 2000). I will return to Attachment Theory in Chapters Four (p.87) and Five (Therapeutic Aspects of Non-Specialised Foster Care, p.127), but I have noted it here because when faced with the reality of a small, vulnerable and dependent ‘frozen’ human being who had already known much suffering, I could recall nothing I had learned of Attachment Theory or Disorder.

Once a child is placed in a family, there is an expectation that concerns, questions and knowledge acquisition should be shared only with the social workers. Confidentiality of information is given as the reason. But I discovered that becoming a foster carer feels like living in a parallel universe. On the surface, the day progresses much as always, especially if the child/children are of school age, but suddenly there is contact with a completely new group of people. I acquired my own social worker. I had to communicate with the child’s social worker. I had contact supervisors to liaise with, and also Health Visitors, General Practitioners and paediatric specialists who were concerned with the welfare of the child in my care. Legally, other care situations may require police statements to be obtained with officers coming to the carer’s home and there are LAA Children’s Reviews and Children’s Panels which all carers have to attend when those concern the child in their care. Not only do carers have to attend, they have to be willing to provide reports, if requested, on the conduct and progress of the child within the home. Any injury or illness needs to be recorded and reported to a social worker immediately. I found that I needed to be vigilant not only about the child’s physical health but also about his/her social contacts. There were additional challenges. When I first met the parents of other children in the school, did I introduce myself as ‘A’s’<sup>1</sup> foster carer, with the possibility of stigma or difficult behaviour being attributed to the child? Discrete checking needs to be undertaken before a child can play in another person’s home without the foster carer’s supervision.

‘Sleepovers’ require permission from the Local Authority. Finally, if the child comes from the local area, there is the on-going hazard of contact with the birth parents. How should I react if I met the child’s parents in the street? More importantly, how might the child react

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<sup>1</sup> This is not the real initial of the child and key details have been changed for anonymity reasons.

and how would I handle the situation if the parents or child showed obvious signs of distress? Suddenly I felt that I had entered a social minefield and there were no maps or clues as to how to negotiate it.

I began to attend the study days for foster carers with a new sense of urgency and was struck by the commitment, attitudes and understanding of the other foster carers I encountered. It seemed that these carers had a knowledge base that was not readily and not yet available to me, or, apparently, to any other new carer. There appeared to be little formalised communication amongst carers or between carers and social workers about practices and strategies that may help the children who came in to our care. And yet time and again I was struck by other carers' responses to questions during the study days which displayed a thoughtful engagement with their endeavour to improve the lives of these children. But, I was not an experienced carer, social worker or psychologist and however much I desired to meet the emotional and psychological needs of the child in my care, I felt I lacked both knowledge and skill. Yet the child was obviously thriving. This was evidenced by the reduction in the episodes of nightmares and the sudden 'frozen' terror in stressful situations, the progress in school, the forming of appropriate friendships and physical growth from being under weight and height for age to coming to be near the norm for the child's age. More questions arose. What were we doing that was right? Could it be right for another, different child? Were there any other strategies we could and should be using? What could I learn from other foster carers who seemed to have a unique body of knowledge not shared with us by the social workers? I began to wonder whether or not there were particular everyday practices within the home setting which specifically contribute to the emotional and developmental healing of children in care. If these practices existed and could be made explicit, they might be shared with other carers. Also, might these practices relate to known theories of care, childhood development and maturation? I was struck by how very useful it would be to have a body of evidence based on carers' experiences, leading to 'best practice' guidelines which might, in turn, help other new foster carers. Contributing, in however small a way, to that body of evidence became the motivation and vision which formed the impetus for this inquiry.

There was a further impetus for a study focussing on the contribution made by foster carers in the lives of LAA children. In Scotland, as at 31<sup>st</sup> July 2013, there were 14,060 children looked after by local authorities, an increase of eight per cent since 2006 (The Scottish

Government, 2014:7). Although children come in to the care of the Local Authority for a number of different reasons, according to the Centre for Policy Studies Report 'Handle with Care' (Sergeant, 2006), approximately 80 % of those children will have suffered from some form of abuse or neglect. Neglect, in terms of children admitted to care, is deemed an act of omission, characterised by its chronic nature and it is the most common form of maltreatment as stated by the House of Commons Education Committee in 2012 (Section 2.41). In the case of the chronically neglected infant, parents will not have provided 'minimal standards of nurturing and care giving in the crucial areas of education, nutrition, supervision, health care, emotional availability, and general safety' (Holosko and Bostur, 2015: 192). Emotional availability, according to Lum and Phares (2005), encompasses a parent's sensitive response to the needs of the child as part of an emotional engagement with him/her. A lack of emotional availability can result in cognitive, emotional or mental disorders leading to serious behavioural abnormalities (Thomlinson, 2004:90), that may result in poor consequences for the child's overall health and/or development (Her Majesty's Government [hereafter H.M. Government] 2013:86). Physical abuse is considered an act of commission, as it is the 'deliberate and intentional' (Centers for Disease Control and Prevention, 2015) infliction of an injury such as punching, beating or burning a child by his/her parent or carer. There may be a history of excessive discipline or inappropriate boundaries in the family (Hilyard and Wolfe, 2002) and inappropriate behaviours may lead to sexual abuse which includes the 'fondling of a child's genitals, intercourse, incest, rape, sodomy, exhibitionism' as well as commercial exploitation either through 'prostitution or the production of pornographic materials' (Thomlinson, 2004:90). Some children coming in to care will have experienced neglect, emotional, physical and sexual abuse. It is not surprising, therefore, that due to their past experiences, many children in care may '...have extreme thoughts, fears and experiences that are far beyond the understanding of most [people]' (Comfort, 2007:30).

When children do come in to care, the majority will be placed with foster carers as this is intended to provide for 'the child's need for and right to...personalised family care' (Kelly, 2000:8). But, even in care most children will have a variety of care settings because, as noted above, social services differentiate between emergency, short term and long term placements. This differentiation, often purely for practical reasons in order to free up emergency or short term foster carers, usually means that children have at least two placements (emergency and long-term) during their time in care. In addition, some



children may move in and out of the care system over a number of years, returning to parents/families and back into care at different times. This can be problematic as any change to the placement, whether planned or unplanned, is likely to further compound the child's sense of dislocation and bewilderment. Children may become distrustful of adults, feel that no-one is really interested in them and think that attempts to succeed will only end in failure. According to Jackson, for some children 'the only defence is not to try or to seek attention by disruptive behaviour...' (2001:34). The cumulative effects of past trauma or neglect, current instability and uncertainty can lead to a high number of breakdowns in foster placements (Farmer et al., 2001; Leathers, 2006). A placement is regarded as having failed or broken down when the placement ends prematurely, whether initiated by the child, the caregiver or social work (Andersen and Fallesen, 2015:2). The child's behaviour is the most common reason for placement breakdowns (Oosterman et al., 2007). At present, it appears that:

Care is failing on a scale that is catastrophic. It is not just a tragedy for the individual. A successful system of care would transform this country. At a stroke, it would empty a third of our prisons and shift half of all prisoners under the age of 25 out of the criminal justice system. It would halve the number of prostitutes, reduce by between a third and a half the number of homeless and remove 80% of *Big Issue* sellers from our street corners. (Sargeant, 2006:1).

To allow a significant percentage of the working population to be disenfranchised due to a lack of educational qualifications, poor self-esteem and/or a tendency towards violent or criminal behaviour, particularly when the society itself has taken on the role of parent, is surely unacceptable. Since I am a member of society, and one who has volunteered to be involved in the system of care, I feel an obligation to carry out my responsibilities to the best standard of which I am capable. But, at present, my task designates me as a 'carer', implying a supporting role to the child in an attentive relationship, rather than a 'curer' which implies changing the child's situation for the better. If I wish to enable the child to heal from their experiences, the next question becomes what can I do, in a domestic sphere, to improve the potential outcomes of the child or children I foster?

Gilligan (2003) stated that '...help comes in many forms; it doesn't just come in white coats or by formal appointment'. He goes on to compare the benefit to people suffering from physical injuries of engaging in everyday activities such as walking, with the psychological benefit that may accrue to children 'striving to recover normal psychological functioning after serious trauma and hurt', from opportunities in daily life

(Gilligan, 2003:27). If it is possible that ‘ordinary everyday living contains many positive opportunities for healing’ (Gilligan, 2003:27), then in order to identify those opportunities for healing, the everyday practice of experienced foster carers becomes a legitimate focus for inquiry. In view of this, my research question is ‘what is it that foster carers do and how can it make a difference in the lives of Looked After and Accommodated children?’.

Having clarified the focus and a purpose for the inquiry, the next stage was to determine how to translate my research ideas into reality. I perceived that, potentially, there were many different viewpoints from which I could conduct the study, for example, feminism, positioning theory or oppression. I accepted that I would not be able to capture the total reality of a foster carer’s experiences, but I did not want to close off any avenues worth exploring. I also intended that, at the end of the inquiry, I should have some recommendations for future action. I wanted a theoretical base which allowed space for exploration yet still had an element of containment and connection so that I was not just collecting random pieces of information and so, in the following section, I outline the conceptual framework that I developed to scaffold my inquiry.

### Conceptual Framework

Nussbaum’s approach to ‘capabilities’ offered the initial structure I was looking for in my study. The Capability Approach was first used by Sen in 1979 when working with the United Nations Development Programme in order to make comparisons of quality of life between nations. Nussbaum distinguishes her approach by using the plural, ‘Capabilities’, in order to recognise that there are many elements which are important in a person’s life and unlike Sen, she offers a list of ten central capabilities (2011), included in which are Life, Health, Emotion and Practical Reason. The Capabilities Approach takes each person as an individual, rather than as a member of a group and ‘commits itself to respect for people’s powers of self-definition’ (Nussbaum, 2011:18). Capabilities themselves are divided in to two sets; the internal capabilities which the individual has developed in interaction with ‘the social, economic, familial, and political environment’ (Nussbaum, 2011:21) and those created by society which allow the individual freedom of choice and action, known as the combined capabilities. This approach resonated with me in regard to this inquiry. I wished to illuminate the capabilities of foster carers which enabled them to care for vulnerable and potentially damaged children and to explore the way that the society in which the caring takes place may modify or enhance those carers’ capabilities.

However, for the individual to develop and use their capabilities to their fullest extent requires the cultivation of their fundamental ‘capacities’, in other words, the cultivation of those personal qualities which enable an individual to become capable. Nussbaum identified four capacities, the first of which is the capacity for critical self-examination, that is, being able to critically appraise the situation and traditions in which one has been raised and to think for one’s self. The second capacity is concerned with the ability to recognise the connection to others, ‘as human beings are bound to all other human beings by ties of recognition and concern’ (Nussbaum, 1998:10). The third capacity an individual needs in order to become capable is that of the ‘narrative imagination’ whereby the individual attempts to understand the point of view of another, using their imagination. This allows for the development of empathy and the ability to understand the different positions that people may take. The fourth capacity, about which Nussbaum says less because others cover this area more thoroughly, is that of scientific understanding, which is concerned not solely with knowledge of physical properties, but also of philosophical concepts. For the purpose of this study, I will use the term ‘knowledgeable understanding’ for this fourth capacity. By identifying the capacities and capabilities of foster carers, there may be the potential to promote or enhance the capacities and capabilities of the children in their care.

The articulation of a theoretical base for a study allows a researcher to develop a conceptual framework, a representation of ‘the ways ideas are organised to achieve a research project’s purpose’ (Shields and Rangarajan, 2013:24). Since conceptual frameworks are ‘constructed, not found’ (Maxwell, 2009:223), according to Miles and Huberman (1994) theoretical assumptions, beliefs, and theories all play a part in the construction of the framework and influence both practice and research (Botha, 1989:51). The use of the word ‘constructed’ gave me an image of a building under construction which is supported by scaffolding. Taking that image allowed me to visualise and draw a conceptual framework which encompassed the ‘capacities’ as the uprights of the scaffold.

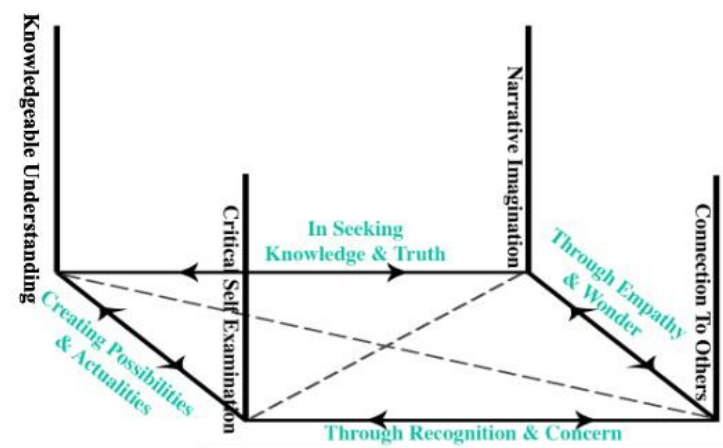


Diagram 1. Base Capacities and Their Connections

This first level of my diagram is braced by the theoretical assumptions, beliefs and perceptions, underpinning the study. As the inquiry develops, so the scaffolding can incorporate other levels.

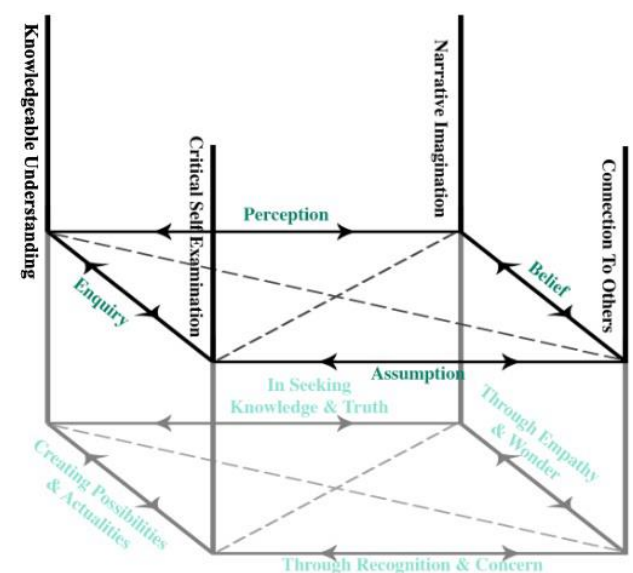


Diagram 2. Theoretical Assumptions, Beliefs and Perceptions

For the purposes of this inquiry, as the researcher, I am the one undertaking the critical self-examination, and the foster carers and Looked After children are those to whom I am connected. My assumptions are that children who have been brought in to Local Authority foster care may have been damaged by this experience in terms of stress or anxiety, regardless of the circumstances which prompted their entry to care. My belief is that, given the right circumstances, children in foster care can begin to recover from, or at least come to terms with, some past negative experiences. My perception is that some foster

carers provide sensitive and thoughtful care which both nurtures the child and promotes their well-being. Well-being in this instance should encompass not only physical areas of care, but, in addition, emotional and social care. In order to achieve this, I believe that experienced foster carers acquire a tacit or practical knowledge through their experiences of caring for Looked After and Accommodated Children, which enables them to promote the child's well-being.

Tacit knowledge refers to that knowledge which is personal and experienced based, described by Polanyi as 'we can know more than we can tell' (1966:4). However, this idea was first described by Ryle (1945) when he stated that there was a difference between 'knowledge how' and 'knowledge that' and that, often, knowing how to perform a task preceded the acquisition of specific factual knowledge (Ryle, 1945:4). Since I have, by now, fostered many children, I believe I have acquired tacit knowledge, but the undertaking of this inquiry demonstrates that I felt lacking in adequate knowledge to enhance my interactions with the children, social workers and other foster carers. Tacit knowledge is acquired by experience and 'embodied' in the individual through the nervous and endocrine systems (Sensky, 2002). Because tacit knowledge is learnt through doing rather than using codified forms of communication, for example, talking, reading or listening, it is difficult to articulate, (Nonaka and Takeuchi, 1995) and to communicate (James and Lucardi, 2003). However, according to Lam (2000), engaging in similar experiences enables one individual to share the thinking processes of another. Since I am a foster carer, I am able to share the thinking processes of other foster carers. However, in order to learn from experienced foster carers, they need to have the opportunity to share 'common emotions and experiences' (Mascatelli, 2000:189). This suggested that my methodology should be one that promoted interaction with the other carers. Another way in which tacit knowledge can be communicated is through the telling of stories and the use of metaphors, as Hernandez-Serrano et al. (2002) stated. With no words or codes to adequately express embodied knowledge, the use of stories or metaphors allows the participants to explore and share their experiences (Lakoff and Johnson, 1980; Srivastva and Barrett, 1988). Wong and Radcliffe (2000) suggested that when participants engage in story telling during interviews, it may signal the communication of tacit knowledge. Accordingly, I decided that my data analysis should involve learning from the stories of other carers in my Local Authority and trying to extract communicable information from them. It seemed desirable to identify good practices and to encourage communication,

analysis and dissemination of successful practices. If this tacit knowledge could be communicated to other foster carers, it might also be linked with current research, which could validate and enhance practice. In starting a dialogue with other carers, I was hoping to not only inform my own learning, but also to give the foster carers an opportunity to reflect on their experience. This reflection may in turn allow the broader community to validate that experience and practice and contribute towards theoretical models of care for vulnerable children. Having had the idea that I would like to look at the practices and the acquired learning of foster carers, I then needed to determine a methodology to conduct the inquiry. Already, another layer was being added to my framework.

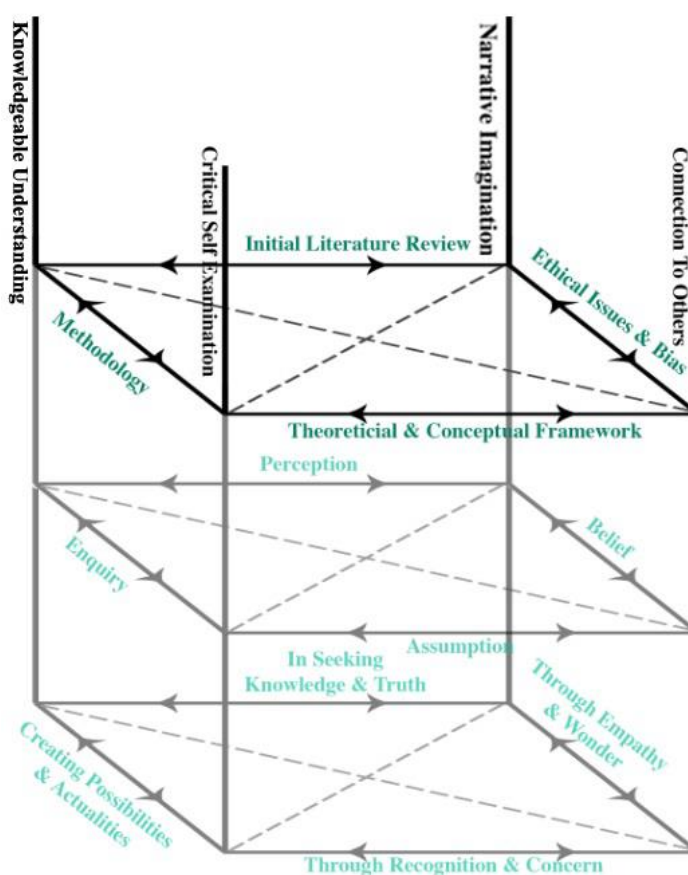


Diagram 3. Identifying a Methodology

Having visualised the next part of my framework, I started to use it by conducting an initial search and review of the available literature using a variety of sources.

### The Initial Literature Review

The literature review shapes the study, prevents reinventing the wheel, and promotes cumulative advances in knowledge. It situates the work in a scholarly context, ensuring that the study is linked to previous work in the area (Padgett, 1998:31).

Initially I used secondary sources such as published compilations of research, library catalogues and internet search engines to find primary sources, that is, the books, journal papers or web sites that contain the research linked to my study. The key foci were children in foster care, foster carers' practice, foster carers' training and outcomes and, in the section below, I summarise the main findings of this initial literature search.

### *Children in Foster Care*

The children entering foster care now are more likely to have behavioural and emotional problems than children who were admitted to the care system in the past, according to Price et al., (2008). It has been said that children who are in foster care now 'would have been in residential units in the past' (Samrai et al., 2011:39) and that children who were in foster care then are now cared for in their own homes, a statement previously noted by Scott (2007). In 2001, Minnis and Devine, in their sample of the mental health indicators of children in mainstream foster care, found that over 60% fell within a 'psychiatric' range. But for children in these placements, enabling change or promoting positive mental health strategies is not usually seen as the purpose of the placement (Sinclair et al., 2005) and access to specialist services, education and support is not readily available (Macgregor et al., 2006). Yet the preparation of foster carers has not altered significantly in the past twenty years so rarely reflects the changes in the lives of the children entering care, or the differing demands being made of foster carers.

### *Foster Carers' Practice*

The change in the population of children in care is echoed in the description of the fostering provider, who is no longer regarded as a 'parent' bringing up the child as they would 'their own'. Instead they have become 'carers' who are expected to work alongside the foster child's/children's own parents who have 'parental responsibility' (Sinclair, 2005:16). Apart from this expectation, there seems to be little consensus on the role of the foster carer. At one end of the spectrum, there is the requirement to provide '...a bed for the night' (Poursanidou et al., 2005), through to a situation in which a child can say '...they are like my real family. I love them with all my heart' (foster child cited in Sinclair, 2005:49). With the lack of a defined role, there is equally little research on what 'works' in foster care. The majority of research in the practice of foster care is around what is known as either Therapeutic or Treatment Foster Care (hereafter TFC). This originated in the United States of America (Child Welfare League of America, 1963; De

Fries et al., 1964) and came to the UK in the late 1970's (Hazel, 1981). Since then a number of such schemes have taken place which have been researched by Shaw and Hipgrave (1983), Rowe et al., (1989), Hill et al., (1993), Walker et al., (2002), and Biehal et al., (2012). TFC is characterised by the recruitment of foster carers specifically for the task. In addition to specialist training they are paid a fee. The placements are also well-supported in terms of access to social workers and other professional services such as mental health and education. The majority of these treatment interventions are for adolescents who would otherwise be in secure accommodation. The initial treatment programmes seemed to be successful for some of them as they were able to sustain living with a family, rather than in a children's home or institution for young offenders, at least for a short time (Snodgrass and Bryant, 1989). However, research since then has not been able to identify which parts of the scheme were significant to its success (Sinclair, 2005), nor has it always been possible to replicate the successes (Kelly, 2000; Biehal et al., 2012). For foster carers who are not part of a Treatment programme, access to specialist help is difficult and there can be lengthy waiting times (Vostanis, 2005), which makes it unlikely that there will be any outside interventions for a child in short-term care. When the carer perceives that s/he is having difficulty and seeks advice, reassurance, and possible practical strategies, s/he may find that social workers lack fostering expertise and do not have the skills necessary for direct work with children, as reported by Cosis Brown et al., (2014). With the lack of knowledgeable support from social workers, foster carers may have to resort to 'trial-and-error' strategies or eventually disrupt the placement.

### *Foster Carer Training*

It may be thought that training of foster carers would contribute to better outcomes but again the evidence for this is contradictory. Although there is evidence that carers appreciate training, there is no evidence that increased hours of training made any difference to outcomes for Looked After and Accommodated Children (Sinclair, 2005). Even a major study aimed at helping foster carers manage challenging behaviour, failed to show any reduction in the challenging behaviours of the children or in placement breakdowns (Macdonald and Kakavelakis, 2004), although there is some evidence of success with the 'Fostering Changes' programme (Briskman et al., 2012). It is usual, however, before training or development programmes are set up that there is an agreed vision or objective of what needs to be accomplished and a shortfall in ability to accomplish that vision has been identified (Olaniyan and Lucas, 2008:327). Without a



clear articulation of what foster care is meant to achieve in particular circumstances, short-term, medium-term or long-term, it becomes difficult to identify the training needs of those expected to effect the change. It becomes even more difficult when there is little knowledge or understanding of the changes that foster carers are already capable of creating. The confusion over the role of the foster carer is compounded by the lack of agreement and criteria as to what constitutes a successful outcome for a foster placement.

### Outcomes

The minimum requirement with respect to desired outcomes seemed to be that there was no early disruption to the placement and that the child's behaviour did not deteriorate whilst in care (Fratter et al., 1991). More recently Leathers (2006) defined a satisfactory placement as one which lasted as long as it was supposed to. This was expanded by Samrai et al., (2007) to include measures such as well-being, improved educational attainment and the extent to which the placement fulfilled its aims. In TFC placements, additional measures included changes in self-esteem, sense of identity and personal worth (Salahu-Din and Bollman, 1994; Galaway et al., 1995), academic performance (Biehal et al., 2012) and understanding of how to manage behavioural problems (Steele and Roberts, 2005). These measures of success do not, however, necessarily translate in to a good outcome for the child in terms of their post care career.

The lack of clear definitions about the role and purpose of the foster carer, coupled with a lack of knowledge about the practice of foster care explains to some extent why training is often found not to be related to outcomes. Yet outcomes for children in care must be improved as 'all, just by being human, are of equal dignity and worth' (Nussbaum, 1999a:57).

In the absence of knowledgeable support from social workers and because of the lack of communication between foster carers, it becomes imperative that the practices which foster carers themselves use to promote the objectives of care should be revealed and examined. Actions are a reflection of what the individual foster carer understands by the needs of the child, shaped by the carer's own internal experiences and models of their world. From their actions it may be possible to extrapolate a model of care by which foster carers themselves operate. By illuminating the practice of foster carers, moving it from tacit knowledge to knowledge which can be codified, it becomes available for scrutiny, improvement and validation which could lead to a better understanding and dialogue about

practice. Following on from this, it is possible that some pattern or strategy will emerge which is consistent with relevant theories of care, childhood and development. Having determined that there was little knowledge of the everyday practice of foster care, and yet having determined that this was the area I wished to explore, it became necessary to identify a method of inquiry.

### Methodology

As noted, my interaction with other carers led me to believe that they had a body of experience from which I could learn and so I needed to adopt a methodology and method centred on identifying that body of experience. Since foster care and caring is embedded in a system, I needed to find a way of identifying that knowledge and relating it in such a way as to make it meaningful to foster carers, social workers and other agents. Thus, the knowledge has to be authenticated by being located within accepted theories of childhood development such as attachment, resilience or recovery from trauma. Also it must be available for scrutiny by other researchers so that there is a contribution to a body of knowledge. After all, 'research that confirms what is already well known is of little value' (Hammersley, 1992:73), unless there is controversy over the area of knowledge. By allowing other researchers access to my findings, there would be the possibility of refining and verifying any contribution this inquiry might make.

Having formally identified the area of research, it became necessary to identify a suitable theoretical framework or paradigm with which to guide the inquiry and conduct the research. Since this is an exploratory inquiry, in which human beings are the subject of the research, I decided that a qualitative paradigm provided the most suitable framework. Padgett (1998:2) explains: 'Qualitative methods are inherently *inductive*; they seek to discover, not test, explanatory theories' and so qualitative researchers aim to understand the world from the point of view of the respondents. The qualitative paradigm is rooted in the idea that people assign meanings to their world, that their experiences have an historical and social context, which may be purely personal in nature, and as such there can be numerous perceptions of 'reality' (Benoleil, 1984; Tesch, 2000). Since this 'reality' is a 'social creation, constructed in the minds of people and reinforced through their interactions with each other' (Denscombe, 2002:18), it can only be made real by the way that people believe in it, interact with it and interpret it. Qualitative, non-experimental, or interpretivist research is deemed to take place in this real world and has a remit to describe

the social and historical contexts of the actions or behaviours displayed by the respondents, with a responsibility to rationally critique these descriptions (Kemmis, 1980). This responsibility to interpret the social world is extended in constructivist and participatory models of qualitative research, to where interpretation and understanding becomes a means towards social action (Denzin and Lincoln, 2000:174). But there are some difficulties with this paradigm. 'Unlike quantitative research, there is no overarching framework for how qualitative research should be conducted' (O'Brien, n.d.) therefore each type of qualitative research is guided by its relationship to the research and the philosophical stance of the researcher. In addition:

...the array of terms used to refer to this family of methods - ethnography, grounded theory, narrative analysis, constructivism, phenomenology, cultural studies, postmodernism and so forth - only adds to the confusion (Padgett, 1998:1).

It may be said that qualitative research 'is best referred to as a family of methods, among whom some members are more compatible than others' (Riessman, 1998:1). Whichever qualitative paradigm is used, it is necessary to formulate a problem; select a core setting and data source; collect, analyse and interpret data, and to write-up the findings. Research tools typically include interactive interviewing, written descriptions by participants and observations by researchers. The only way in which approaches differ is in 'how flexibly these steps are carried out and in their prescribed sequencing' (Padgett, 1998:28). As the purpose of this inquiry was to explore the practice and experience of foster carers, it seemed appropriate to choose a qualitative interpretative paradigm to guide this study. Using that qualitative paradigm, the core setting and data source would be the foster carers in my Local Authority. Having collected and analysed the data, I would reference my findings to existing research. Not referencing my findings to existing research would deny this inquiry academic credibility and would also diminish the relevance of the contributions of the foster carers who agreed to take part. In this way, I hope to contribute to a body of knowledge and in doing so, may highlight areas worthy of further research.

Having determined the methodological paradigm, the next step was to decide how to gather the data. There are a number of ways in which data can be gathered for qualitative research. The researcher can carry out detailed observations of the actions and interactions of the participants. In this situation, that would be intrusive within the home situation and would also actively involve the child or children in the study, which I was reluctant to do. Questionnaires could be sent out to participants but there was the possibility that they

would not elicit a sufficient wealth of data. I decided that in order to gather data about the practices of foster carers, the simplest and most elegant approach appeared to be simply to talk to them. It was hoped that, by explaining the aims of the research and seeking their participation, the foster carers would actively engage with the research, which they did, as I describe in the next chapter. The use of interviews allows for a dialogue between researcher and subject, which would be absent using a different method such as questionnaire. However, since the purpose of an interview is to discover knowledge, the researcher may be regarded as having to be as ‘...neutral as they can towards other values and interests in their work, in an attempt to maximise the chances of producing sound knowledge of the social world’ (Hammersley, 2000:12). However, dialogue within the interview situation may affect the dynamic of the interview. It is the issue of neutrality versus partisanship that provides the major divergence between quantitative and qualitative research. With quantitative studies every effort is made to neutralize the effect of the observer. Qualitative research, on the other hand, takes place within a social setting where it is accepted that the context of the setting and the observer are also part of the study, according to Manicas and Secord (1982). This is because researchers are also human beings who belong to society ‘and will therefore have their own common sense assumptions, political views and personal preferences’ (Hammersley, 2000:72). With qualitative studies, it is also seen as a necessary part of the inquiry that the researcher should be sufficiently embedded in the area to be studied, so that the actions and dialogues of those being studied occur naturally (Becker, 2000). As an extension of that idea, practitioners themselves, rather than academics remote to the situation, are encouraged to engage in research. This is to ensure that the research is relevant to practice (Hargreaves, 1996). However, there is a danger with this position that the researcher is so embedded in the culture that s/he is unable or disinclined to appreciate certain viewpoints. S/he may collect data which favours pre-held beliefs or commitments, or exclude meaningful data (Hammersley, 2000:152). This brings me to the issue of bias ‘...which is, of course, at the heart of the arguments against partisanship’ (Hammersley, 2000:14).

### Bias

‘Bias’ is a word that can have a number of meanings. It is usually taken to mean a ‘...systematic error of some kind’ (Hammersley, 2000:14) which could be made consciously or unconsciously. Either way, it appears to conflict with the ideal of the pursuit of knowledge and understanding. By deliberately or accidentally distorting the

data to arrive at erroneous conclusions, knowledge which may have been gained is obscured if not lost. It is for this reason that Hammersley (2000) recommends bias as a feature that should be avoided in an inquiry. But the word “bias” has another meaning.

Sometimes, it is used to refer to the adoption of a particular perspective, from which some things become salient and others merge in to the background (Hammersley, 2000:14).

Bias from this point of view recognises that researchers, even in quantitative research, come to a study with their own past, interests and viewpoint and whilst ‘...research must be value neutral in the sense of pursuing the truth’ (Hammersley, 2000:19), the problems selected for investigation, their analysis and recommendations may be chosen directly for their relevance or interest to specific groups. It is in this spirit of relevance to the interests of specific groups that Post-Enlightenment enquiries have taken place. According to the Post-Enlightenment point of view, there is no such thing as pure knowledge. From this point of view, there are numerous ‘knowledges’ arising from different perspectives which may well be in opposition to one another (Hammersley, 2000), therefore all research may be regarded as partisan or biased. In the Post-Enlightenment era, the purpose of research has often been seen as not to produce knowledge but as a vehicle for influencing political, financial or sociological change as the researcher deems desirable, rather than serving universal interests (Hammersley, 2000:28). In relation to this research, the purpose is to illuminate that which is unknown or unrecognised with a view to improving practice. I realised that it could be that what I found out would already be well-known to others, but at this time it is not only unknown to me, it is knowledge that is hard to access. Trying to improve the lives of children in foster care must involve many facets and many different forms of knowledge. The issue for me is not that qualitative research is biased but in what way is it biased, how is the bias acknowledged and how does it affect the inquiry? Hammersley (2000) urges the researcher to follow a pertinent line of inquiry, even if it challenges their own viewpoint.

As a foster carer embedded in the situation, I am in a different social position to that of a social worker or social psychologist, the dominant viewpoint of research in foster care. As a carer, I have a unique knowledge of the situation, but not an exclusive knowledge of that situation. Following Hammersley (2000), I do not think that only one viewpoint can uncover all the truth but I do think that this study can contribute to a wider perspective on the reality of caring for vulnerable children. In order to minimise the effects of known biases, it is advocated that there should be openness about the assumptions which underlie

the research. I readily admit to certain suppositions or biases in regard to this study. I do believe that foster carers can help to heal, nurture and eventually enable the children in their care to grow in to healthy adults who participate appropriately in society. Without that belief, I would not be a foster carer. And, although I recognise that not everyone may have the same motivation for being a carer, I believe that all foster carers are capable of effecting some positive change for the children in their care, however temporary. This is my bias. But bias is only undesirable when it is a 'source or type of error and "error" only retains meaning by contrast with the possibility of truth' (Hammersley, 2000:156), so how can 'truth' be verified in a qualitative inquiry? The first aspect that needs to be verified is the concept or meaning of 'truth'. In quantitative inquiry, truth is taken to mean the reliability and validity of the research. Reliability is the extent to which an instrument (questionnaire, interview or experiment) will measure the same way each time it is used under the same conditions with the same subjects; in other words the repeatability of the measurement. But this reliability is largely an estimated than an actual value as human subjects will learn through the simple act of repetition and this may lead to a change in the measurements. The validity of research refers to the strength or weakness of the conclusions or inferences. Cook and Campbell (1979:37) define it as the 'best available approximation to the truth or falsity of a given inference, proposition or conclusion'. However, it has been argued that the measurements of reliability and validity can only apply to the quantitative research paradigm and that each paradigm requires its own specific means of determining the veracity of the research (Guba and Lincoln, 1981). Because qualitative research is not static but changes as new facts emerge, the term that is usually applied is that of 'rigor' rather than 'truth' (Morse et al., 2002). In line with this assertion, Lincoln and Guba (1985) proposed that qualitative research should be judged on its 'trustworthiness', and this would depend on the credibility, transferability, dependability, and confirmability of the research. Morse et al., (2002) pointed out that these measures of trustworthiness tend to be measured at the end of a study rather than ensuring the trustworthiness during the process of the inquiry, by checking for congruence between the question, the literature review, the methodology chosen, the recruitment of participants, the data collection and the analysis. By reflecting on my conceptual framework at significant points in my research, I hoped to build a trustworthy account of my inquiry and I was aware that the ethical behaviour of the researcher can also contribute to establishing the trustworthiness of the research.

## Ethical Issues in Research

Ethics is concerned with the study of character or how to conduct one's behaviour, but ethical behaviour in the context of research may be interpreted in different ways. An action may be deemed to be ethical if it is done out of an attachment to duty (deontology). Another consideration is the likely outcome of the action, that good has come of it (teleology where an action is deemed to be good or right if it is done out of a consideration of the likely ends or outcomes of the action). This latter interpretation became the founding principle of Utilitarian Ethics as advocated by Bentham (1789) and Mill (1863) where the criteria of an ethical action was that the outcome lead to the greatest good for the greatest number.

Theoretically, the infringement of an individual's rights may be acceptable in order to maximise the happiness of the majority. In research terms this might translate into including the vulnerable participant because, although as a consequence their well-being may be compromised, the well-being of the majority might be served by their inclusion (King and Horrocks, 2010:106).

It is in order to address conflicts and dilemmas like this that ethical considerations play such a large part of any inquiry. The British Educational Research Association publishes the Ethical Guidelines for Educational Research (2011), detailing the researcher's responsibility to participants, sponsors of research, the community of educational researchers and to educational professionals, policy makers and the general public. As a researcher, I am also required both by the University and by the Local Authority, to behave ethically and this is manifested by the requirement to submit a research protocol to the University prior to the start of the study. The research protocol should provide brief information about the research problem, the relevant literature and the methodology. The researcher's background is also summarised. It should also be documented how the subjects are to be treated with respect to autonomy and fairness, how participating in an inquiry may be beneficial and how any risks may be lessened (Sieber, 1992). I found this discipline of writing the research protocol and applying for ethical approval a valuable exercise. The process of gaining ethical approval became an opportunity for me to reflect on my study and consider the not only the ethical aspects of it but the practical implications of their implementation.

In 1994 Beauchamp and Childress postulated four fundamental ethical principles, or values; justice, beneficence, non-maleficence, and autonomy. These ethical principles or

values offer ‘...guidance for enabling researchers to protect participants from harm, aiming to preserve their well-being and dignity’ (King and Horrocks, 2010:108). Beneficence is derived from the Latin, *bene* (well) and *facere* (to do). In ethical matters it is taken as a duty to do well or good, not harm to others, and hence we must ‘do everything possible to retain a sense of dignity and worth for everyone involved in the research process’ (Oliver, 2010:5). This duty should be evident in the choice of subject to be researched, the epistemology and methodology chosen for the investigation, the recruitment of subjects or respondents and the reporting of findings and conclusions. Therefore all aspects of the research need to be ‘under ethical scrutiny, not just dilemmas that arise in the field’ (Keigelmann, 1996). Even the choice of the research topic may be regarded as an ethical decision.

By undertaking this inquiry in to the learning and practices of foster carers, I had to strive to ‘do well’ by providing a ‘voice’ or forum for foster carers which would allow their knowledge and experiences to be shared with others. As there seemed to be little research in this area, I hoped that this would provide a perspective which has previously been lacking; this perspective may join other ‘knowledges’ to build towards greater understandings of the practice of foster care and how to meet the needs of Looked After Children. Therefore the intention is to ‘do well’ but safeguards must be taken so that the respondents, the foster carers, feel and believe that the ethical imperatives have been met. I had the responsibility to show respect by telling the truth, reporting findings accurately and by making the results accessible to the respondents. I would need, too, to be honest about ‘both the success and failings of a research project’ (Oliver, 2010:16). This responsibility towards those who take part in the research extends to all parts of the inquiry, not just the data gathering act. From the initial recruitment to the writing up of the findings, there are actions which I, seeking to be an ethical researcher had to consider. Relating these actions to Beauchamp and Childress’ (1994) four fundamental ethical values would help me to ensure that I ‘did well’ within the ethical framework, so I had, also, to consider issues of non-maleficence.

Non-maleficence is the deliberate intention not to cause harm or evil. This is similar in principle to the insistence on ‘doing no harm’ which is a well-known part in the Hippocratic tradition of ethical medicine. In research, a practical expression of non-maleficence is the guarantee of confidentiality for all of those who took part in the



interviews. This guarantee covers not only the individual's identity but also the confidential nature of the information received. This fulfils the non-maleficence criteria in that individuals can disclose potentially controversial information without fear of repercussion. But once information is in the public domain, as it is after the publication of the research, it may be possible for participants to be identified through geographical or other peripheral information being released. It is therefore seen as important that participants are able to give 'informed consent' not only to the action of the interview, but also to the publication of data from any study, so this should be made clear before the time of the agreement. As part of my ethical approval from the University, I had had to prepare a statement detailing the nature and purpose of the inquiry, who will benefit and to whom information will be disclosed, written in 'plain language'. Included in any 'plain language statement' was the information that participation is entirely voluntary as 'the researcher needs to be conscientious in their efforts to share relevant, understandable and honest information' (King and Horrocks, 2010:110). Consent should always be sought before the research with the respondent takes place, so I posted or gave a copy of my Plain Language Statement to each respondent before making arrangements to interview. Since 'Informed Consent' implies that the researcher has been honest with the subject about the nature of the research and its possible consequences, I also checked that the statement and its implications had been understood before the Consent Form was signed. The group or individual who is part of the group being researched also has the right to refuse to participate in the research as well as the right to withdraw data that has been recently given. This is to protect the subjects of any research from coming to harm, whether it be physical, psychological or social, by their participation in the research. However, Sugarman et al., 1999 (quoted in Corrigan, 2003:771) expressed doubt as to how meaningful consent is achieved in practice. There may be a tension between giving the respondent enough information as to allow them the choice of whether or not to participate in the inquiry and giving them so much information as to prejudice the information which they volunteer. Also, in theory, the need to behave ethically may lead to conflict during the action of the research. An example of this is when respondents are told that the researchers are looking in to 'x', but in reality the researchers are investigating 'y'; but if the respondents were told the truth at the stage of giving consent, they might alter their behaviour in order to comply with what they (the respondents) perceive as the wants or desires of the researchers. This compliance with the perceived wishes of the researcher would render the research worthless as it was not a true reflection of reality. But

misinforming the respondents may lead to accusations of breaching the rules of ‘informed consent’. The over-riding principle is that ‘...participation in social research should not have unforeseen negative consequences’ (King and Horrocks, 2010:110) and that the researcher should not disguise any potential detrimental effects in order to gather data. The giving of consent is usually signalled by the signing of the Consent Form, which is a concrete expression of another part of an ethical researcher’s duties, namely that of autonomy.

Autonomy may be understood as the capacity of a rational individual to make an informed, un-coerced decision. With a Consent Form, it must be understood by the respondent before s/he signs it. Where the respondent is under age (a child) or not having the mental capacity to understand the nature of the research and the implications of their involvement in it, consent cannot be said to be informed and is therefore invalid. Nor should I, the researcher, try to manipulate the respondent into taking part in the inquiry if they appear reluctant to do so. Taking part in an inquiry should be a conscious choice of information freely given. I, also, should be autonomous within the inquiry, that is, free from external authority to choose my own epistemological base and the methodology by which the research is conducted, as was the case in this study. I had independence in choosing the subjects for the inquiry and in having access to them. Finally, in writing-up the findings and conclusions, there was no coercion on the part of an outside body to make those findings or conclusions read in their favour. This is of particular importance when a researcher is funded by a large or influential organisation as there may be a desire to thank the organisation by presenting data in a way that is sympathetic to their enterprise. It can be argued, though, that no researcher is truly free from external authority. I am self-funded, so no financial pressure could be brought to bear on me, but I am answerable to the Ethics Committee of the University of Glasgow, and to my Local Authority who gave me permission to approach their foster carers. I am accountable to them and the wider community for my actions. This accountability is the most obvious manifestation of justice in practice.

Justice is a concept that in the context of human actions means giving individuals or groups that which they deserve, merit or are in some way entitled to. In the past, the emphasis that was placed on truth implied neutrality towards other values (Hammersley, 2000), but the principle of justice ensures that in the search for truth, the effect on human subjects is not ignored. While researchers must ‘treat truth as a value’ (Hammersley,

2000:17), other perspectives should also be considered (Hammersley, 2000). In order to consider such other perspectives, I compared the carers' narratives with relevant research in order to gain a wider understanding. These are all issues that I was obliged to consider. But there are advantages in behaving ethically, particularly with qualitative research. It is said that by behaving ethically, the researcher can create a relationship in which 'subjects are pleased to participate candidly, and the community at large regards the conclusions as constructive' (Sieber, 1992:3). Since it is to inform my own learning and to engage constructively with my community that I have undertaken this research, an ethical approach is not only commensurate with my personal values, it also helps me to achieve my goal.

In this chapter I have introduced the topic and focus of my research. I discussed my motivation and vision for this inquiry and started to place it in the wider context of contemporary foster care. The articulation of my theoretical base enabled the construction of the conceptual framework. This work was followed by an initial literature search. Having found that no similar inquiry had been undertaken at that point, I then had to decide the choice of methodological paradigm and having decided on a qualitative paradigm, I then reviewed the specific areas of bias and ethics in relation to such a methodology. Having 'set the scene' in this chapter, in the following chapter I will describe the research procedures and explain my decision-making regarding the interviews. Following that, I will recount my experiences in the recruitment of participants, the conduct of the interviews and their transcription and coding.

In Chapter Three, I present narratives which are taken from a distillation of the interviews, gathered around specific elements of caring for a Looked After and Accommodated Child. Having created the narratives, in Chapter Four I analyse the narratives in comparison with qualitative and quantitative research to find areas of commonality and difference, in order to acquire an understanding of the practice of foster care.

Chapter Five is concerned with answering the questions that arose following Chapters Three and Four. As part of Chapter Five, I also look at constructs of foster care and the possible therapeutic contribution of carers to the healing of children who have encountered adversity. At the beginning of Chapter Six, I outline a proposal for foster carer education which encompasses the Foster Care Review (2013), but which places the emphasis on education and collaborative learning amongst and between foster carers and social

workers. At the end of Chapter Six, I review this study in its entirety and revisit the themes of care, ethics, professionalism, and trust.

## **CHAPTER TWO: ENGAGING WITH THE ENQUIRY**

In the previous chapter, having articulated the rationale for the enquiry, I outlined the construction of a conceptual framework based initially on Nussbaum's Capabilities Approach, using the four capacities of critical self-examination, connection to others, narrative imagination and scientific understanding, with the fourth capacity modified to knowledgeable understanding in this study. After that, I conducted a literature review and decided on the methodology I use. Having chosen a qualitative paradigm, I explored the issue of bias in qualitative research and I also considered the ethical dimensions of an enquiry involving human subjects. Following on from these decisions, this chapter will discuss what may count as knowledge, the epistemology of the enquiry, and how the participants were recruited. The conduct of the interviews and the issues that arose will also be discussed. Finally, I will describe the transcribing of the interviews and the initial coding of the data.

### **The Epistemology of Interviews**

At the core of this research is the drive to better understand the learning acquired and used by people who occupy a specific role in society, foster carers, and what it is that they do within that role, for example, caring, supporting or healing. I had decided that the way to gather the information was to simply ask the foster carers what it is that they do and what it is that they have learnt. But there are different ways in which I could have approached this, both directly and indirectly. The choice of approach chosen should reflect the original nature of the enquiry and the epistemological position of the researcher (Creswell, 2003). Epistemology 'relates directly to a means of establishing what counts as knowledge' (King and Horrocks, 2010:18). With a realist epistemology, it is deemed that the individual is part of a concrete or real world in which knowledge is universal, merely waiting to be discovered and revealed. Interviews of a group of people are highly structured, with set questions framed in the same format with the same sequence. It is necessary for questions to be asked exactly as worded because even small changes to the wording of the questions may alter the answers (Singleton and Straits, 2009). There is no need for face-to-face interaction as questions can be asked via a questionnaire, by telephone or via a computer program. The data gathered may then be used in qualitative research to build inductive theories, based on the analysis of the data. With this realist approach, the researcher

remains neutral throughout and may have no contact at all with those who are being interviewed.

In contrast, a contextual epistemology regards the historical, cultural and social environment as integral to a person's understanding of the world and how they live their life. Knowledge is neither static nor universal, but is provisional and based within the locality of the group. Knowledge is produced through the interplay between four dimensions which Pidgeon and Henwood (1997) identified as (1) the participant's own understandings; (2) the researchers' interpretations; (3) the participant's and researchers' understanding of cultural norms and their meaning; and (4) how particular interpretations are judged as valid by scientific communities (King and Horrocks, 2010). In this epistemology, it is assumed that the researcher has his/her own perspectives and understandings of the situation because:

no human being can step outside of their humanity and view the world from no position at all, which is what the idea of objectivity suggests, and this is just as true of scientists as for everyone else (Burr, 1995:152).

It is necessary for these perspectives and understandings to be articulated within the research documentation so that their interpretations may be judged as valid by their peers in the research community. Reflecting back on my framework, I had stated that I would connect with my participants 'through recognition and concern' (Nussbaum, 1998:10). The use of an impersonal questionnaire which could be used for all participants seemed to show a lack of 'recognition' for the individuals and I was concerned that it would not capture their unique knowledge, even though there maybe similarities between all respondents. In addition, I felt unable to devise a questionnaire that would be broad enough to cover the areas about which I wished to inquire. Since I lacked knowledge in the subject area, I wished to remain flexible and open to new ideas, rather than confirm or deny existing hypotheses. Since it is said that we live in an interview society (Silverman, 1993), I was also assuming that the foster carers from whom I wished to learn were familiar with the concept and structure of an interview. It is for these reasons that I chose to have direct contact with the subjects of my study and to use interviews as my form of data gathering instrument.

The interview is based on the premise that the individual is able to articulate a 'meaningful' description and/or set of opinions regarding his or her life (Gubrium and Holstein, 2001:5). But there are differing types of interview, for example, the chat show

which is presented as a conversation between interviewer and guest at one end of a spectrum, to the interrogation of a suspect by the police at the other end. In research, the interview is neither a general conversation which may lack purpose or structure nor an interrogation which may be too narrow in focus. The purpose of the interview in academic study is for the researcher to receive the meaningful description of the respondent and to relate it to the research being undertaken. From the researcher's point of view, the respondents are regarded as having knowledge or opinions which are thought to be valuable for the enquiry. But the interview should not be treated as 'simply a research procedure' (Gubrium and Holstein, 2001:11). In order for the interviewer to receive the information, the circumstances need to be conducive for the respondent, as it is important that respondents come willingly and voluntarily to offer their opinion (Gubrium and Holstein, 2001). Therefore there are already perceptions and obligations surrounding the interview before it even starts. These perceptions and obligations, in turn, create a set of expectations from both the researcher and the respondent. One model assumes that the interviewer will ask the questions and that the respondent will reply from their personal store of information. The information will be taken, uncontaminated, from the respondent's information retrieval system. However, if the information is to be regarded as 'uncontaminated', the interviewer has to take care how the questions are asked, so as not to bias the respondent's reply (Gubrium and Holstein, 2001). For this model, the role of the researcher is to exhibit neutrality within the interview, merely using their interpersonal communication skills to 'encourage the expression of, but not to help construct, the attitudes, sentiments, and information in question' (Gubrium and Holstein, 2001:14). But again, this approach is not commensurate with my statement in the conceptual framework, whereby I would approach my fellow foster carers with recognition and concern. If I regard them as merely passive information storage units, I am not recognising their individuality nor am I concerned about the areas they may wish to explore. As long ago as 1957, Pool argued that the concept of the neutral interviewer facing a passive respondent denies the dynamic of the interview situation. Where and when a communication takes place may affect what a person chooses to say or not to say, but this apparent inconsistency is not a deviation 'from some underlying "true" opinion, for there is no neutral, non-social, uninfluenced situation to provide that baseline' (Pool, 1957:192). In a trial study, undertaken as I was an inexperienced researcher, I had interviewed three social workers to determine their perspective on the training and learning needs of foster carers. I had found during that trial study that the social milieu in which the interviews took place, even with

only three respondents, influenced my conduct of the interviews and elicited a corresponding fluency of communication with those who were being interviewed. Often, one conversation generated new perspectives on a subject or new ideas altogether which seemed to be worth exploring.

The interviewer wanders along with the local inhabitants, asks questions that lead the subjects to tell their own stories of the lived world, and converses with them in the original Latin meaning of conversation as “wandering together with” (Kvale, 1996:4).

This quote became apposite because it implies a respect for the respondent’s experience, allowing him/her the time to construct his/her personal understanding of the question and explore it with the researcher. I concluded that, in the interview situation, my position would be that of a facilitator allowing the participants to express their views. But part of my responsibility as an interviewer would be to ensure that, ‘as meanings emerge during the course of an interview’ (Gubrium and Holstein, 2001:52), there was reciprocal understanding between the respondent and myself.

This was the approach I planned to adopt with this study. But there was the possibility that the subject area was too large and that each of my respondents would address completely different parts of it, which could also prove valuable but might make it more difficult to identify areas of commonality in practice. This was an important issue as in my submission for ethical approval I had stated that, as individuals contributed to the research, the information gathered should coalesce around a consensus for action and ‘best practice’. This would be impossible if every interview went off in different tangents. Also, a qualitative interview is meant to be a conversation with a purpose. It should not be ‘...unstructured or unfocussed, subject to the whims of its participants’ (Padgett, 1998:59). Therefore, although flexibility is an important element in the interview situation, it is advised that before the interview, the researcher decides whether to cover all the areas potentially relevant to the enquiry or whether to limit the number of areas that must be addressed in order to allow for fluidity in the interview situation (King and Horrocks, 2010:36). In order to give some form to the interview, I reflected on my own experiences and uncertainties. Using this reflection to identify personal areas of concern, which I hoped would be similar to the concerns felt by others, I determined that the interviews should engage with the areas of ‘receiving a child into your home’, ‘setting boundaries’, ‘dealing with behaviours’, ‘negotiating relationships’ and ‘saying goodbye’ as core issues, whilst allowing for other areas to be raised as desired by the respondents. With permission, I



would record the interviews using a digital recorder and would transcribe them in order to conduct an analysis of the data. As I desired to be ethical in my approach to this study, I would also endeavour to respect the confidentiality of respondents and the data gathered at all times by allocating a code number for their transcripts and using random initials instead of names, should any be mentioned.

### Recruiting Participants

Since I was (and remain) a foster carer registered with my Local Authority, and it was the other foster carers in this Authority who inspired me to undertake this enquiry, it seemed most appropriate that they were my sources of data. I had already obtained ethical approval from the University of Glasgow and from the Head of Children's Services for the Local Authority for the study, so it was now necessary to recruit some carers who were willing to participate. At the time of starting the study, there were only forty-five carers registered with the Council, covering a range of placement options from emergency, respite, short term, long term and permanence through to pre-adoption. Apart from their registration as foster carers with the Local Authority, as long as they had looked after and accommodated a child or children who was not their own, I had no further criteria for the study population.

During the trial study, one of the social workers I had interviewed was also the person responsible for the training and support for foster carers. In addition to being a research respondent in her own right, she was also the 'gatekeeper' for recruiting participants for my study. One route which I could try was to write individually to each foster carer, but the 'gatekeeper' would have to be involved as I did not have access to the names or addresses of the other carers in the Local Authority. Since I was keen to start the study without delay, I decided to approach the 'gatekeeper' with a view to asking permission to talk about my enquiry at an upcoming study day. At the end of my presentation I would ask for volunteers willing to participate in the enquiry. I had stated in my submission to the Committee on ethics that I would recruit to interview a minimum of ten foster carers. Since the first study day was held not long after the start of the research, I used this as an opportunity for recruitment to the enquiry. At the beginning of the study day, with the permission of the 'gatekeeper', I stood up, introduced myself, spoke a little about the professional Doctorate in Education (EdD) and what I was trying to research. My first concern was that nobody would volunteer and my second was that, if they did, their anonymity might be compromised by their approaching me at such a relatively public

venue. Having given my invitation to participate in the research, the audience nodded politely, the guest speaker stood up and the study day started. I sat down with a feeling of relief that I had made the presentation but concern that nobody appeared to be interested in participating. I reminded myself that:

...practitioners may have the right to devote their own time and effort to research, but they do not have the right to demand the co-operation of others (Pritchard, 2002:5).

At the break for coffee, I stood with one of the few carers I knew and asked her what she thought of my study. With typical forthrightness she said that it was long overdue and that somebody should have been speaking to foster carers years ago. She also indicated two other people on the opposite side of the room and suggested that I really needed to speak to them as they had a lot of experience. During the course of the day we were encouraged to mingle with each other and at one stage I was able to speak privately with the two carers previously indicated. Rather diffidently, I asked if they would be prepared to take part in the study. Their reply was to hand me, already written, their names, addresses and telephone numbers, commenting that I really did need to speak to them. Relieved that at least I had made a start in recruiting participants, when I got home, I rang up the carers who had volunteered and made the arrangements to interview them. Subsequent to this study day and my first volunteers, I found that I had no difficulty in recruiting the minimum of ten respondents that I needed for my study as I had 'one or more insiders to actively assist in recruiting participants' (Richards, 2005:31). My 'insiders' were those who had initially taken part. My attempt at maintaining the confidentiality of respondents was cheerfully and robustly thwarted every time there was a study day; questions would be asked of my progress and what I was doing would be openly discussed amongst the other carers. This presented me with an ethical quandary. At this stage I did not know how controversial my findings might be and I was concerned that no harm should come to the participants. I decided that I would maintain their confidentiality, neither confirming nor denying their participation in the study. However, if they chose to disclose that they had taken part, then they had the right to do so. During these discussions, though, the content of the interviews was never discussed, only the purpose of the enquiry, the process itself and the perceived benefits of being interviewed. Using insiders to recruit respondents for research purposes may lead to distortion of the research, in that they may recruit 'participants likely to hold (or not hold) certain views' (Richards, 2005:32). However, within the potential pool of respondents, the self-selection which took place amongst the foster carers soon became clear. Of the forty-five carers registered at the beginning of the

enquiry, only fourteen of them routinely took children for emergency/ place of safety and short term placements. Of this group of fourteen, two were unable to take part because of personal reasons. I had by this time also become an emergency/short term carer which left eleven emergency/short term carers as possible respondents. All the eleven emergency/short term carers remaining volunteered to take part in the study. In the end, due to timescales and distances, only ten were interviewed. The carers seemed to have selected themselves on the basis that those with the experience of looking after numbers of children had the knowledge and skills relevant to the study. The foster carers, who because of the long term nature of their commitment to a child or family had only looked after a limited number of children, did not come forward to take part in the enquiry. Therefore what I was being offered by the foster carers was not a study of a limited number of children being cared for over a number of years, but the distillation of experience of caring for many children in a crisis situation for a limited period of time, even though the carers themselves may have been fostering for a number of years.

### Conducting the Interviews

Since I was myself a foster carer, I did not need to allow time to gain knowledge of the situation or language used, or to be accepted (Richards, 2005), so I was able to schedule the interviews as soon as a respondent volunteered. Prior to the interviews I sent out the Plain Language Statement as well as information about the areas my questions would cover, namely 'receiving a child', 'setting boundaries', 'dealing with behaviours', 'saying goodbye' and 'negotiating relationships'. Because of the distances I needed to travel in order to conduct the interviews, on two occasions the carers themselves organised a group interview so that I only needed to make one journey. I had some initial disquiet when I was told about what was a very thoughtful gesture from these carers. My first concern was that, by conducting a group interview, there would be a breach of confidentiality in terms of the identity of the respondents. With both groups, however, each of the respondents had volunteered independently of the groups and had also tried to recruit the other group members before finding out that they also had volunteered. Another concern was that some participants might feel constrained by being in a group, limiting the freedom they may have felt to express a controversial or divergent view. It is because of this issue that group interviews may produce poorer or less in-depth data (Agar and Macdonald, 1995; Duggleby, 2005). This concern was quickly allayed when I spoke of my concerns to the members of the groups. Because of the geographic limitations imposed in a widespread

rural Authority, these groups of carers were used to acting as supporters for each other and were aware through past interactions of each other's views and opinions. The advantage of conducting group interviews is that they are beneficial 'when you need a friendly research method that is respectful and not condescending to your target audience' (Morgan and Kreuger, 1993:18). Therefore, since I had a need to be realistic about what I could achieve within the timescales and geography of this extensive and rural Local Authority, I gladly accepted the offer of group interviews. I reminded myself that as the interviewer for both types of interview, the one-on-one and the group, it was my responsibility to manage both in such a way as to ensure the quality and depth of the data. In the end, two small group interviews were held, one being a group of three carers, the other being a group of two carers, so that out of my target population, five respondents were interviewed within a group situation and five were interviewed on a one-to-one basis.

On all but one occasion, the interviews were conducted, at a date and time of their own choosing, in the homes of the foster carers. Although the interviews were only scheduled to last for one hour, and the recorded parts of the interview did only last for that length of time, usually there was much social interaction before, during and after the formal part of the enquiry took place. Sometimes it was hard to tell when 'research stops and the rest of life begins' (Scott, 1985:120). This social interaction presented difficulties for me as an inexperienced researcher. The first dilemma related to the information I might acquire during the social interaction but which was not recorded as part of the formal interview.

As Warren pointed out:

In the process of conducting qualitative interviews, many of us have encountered the 'on and off the record' associations that respondents have with recording devices (Warren, 2001: 92).

At first I was undecided as to whether or not it should form part of the information gathered but, like Griffiths (1985), I decided that although these conversations contributed greatly to the establishment of rapport and understanding of a situation, it was not ethical to include them unless permission had specifically been given to do so. Thereafter, when a topic came up during the social part of the interview, if it was relevant, I would try to introduce it again in the formal part so that it could be included in the enquiry.

At the start of the interviews, I still viewed the collection of data as an undertaking in which I should retain an element of neutrality. However, I found that during the interviews, as the respondents offered their stories, I began to share my own experiences.

Maybe it was because these interviews were usually taking place within a home environment, that I felt relaxed enough to be open about my own experiences, as the 'physical space in which an interview is located can have a strong influence on how it proceeds' (King and Horrocks, 2010:41). Or perhaps it was because, being a fellow foster carer created a rapport between us (Hockey, 1993), or even that the sharing of experiences and exploration of attitudes (Oakley,1981; Logan,1984) helped to develop trust. Sometimes, though, I wondered if I had revealed too much and so had influenced what the respondents had chosen to say within the interview. Powney and Watts (1987: 42) warn the interviewer against revealing his or her personal viewpoint as it can side-track the respondent, may encourage collusion and create a self-fulfilling prophecy. Even Platt (1981:77) had warned against treating 'the interview situation as one no different from other conversations' in which one contributes 'one's own quota of gossip and comment to the discussion'. But this was a small scale enquiry, conducted amongst a group of people with whom I would be interacting for some time after the close of the enquiry. Warren (2001) acknowledged that the possibility of continuing the relationship is a particular feature of qualitative interviewing. I valued my respondents professionally and knew some of them socially and prior to the interviews I tried to demonstrate that value by my behaviour. As the respondents were busy people giving freely of their time to talk to me and participate in the research, I had felt an obligation to them to be punctual, organised and appropriately dressed prior to the interview and respectful of their position during the interview. I agreed with Seiber that:

Body language, friendliness, a respectful attitude, and genuine empathy for the role of the subject are among the factors that may speak louder than words (Seiber, 1992: 26).

It seemed to detract from that value, therefore, if I behaved in an impersonal way during the interview, as if the respondents were merely tools for acquiring information rather than sentient human beings who are able to provide a relevant discourse about their experiences (Gubrium and Holstein, 2001). Another researcher who questioned the scenario of the controlled interview with active interviewer and passive respondent was Mishler (1986) who pointed out that 'token responses by the interviewer, such as "Hm hm" ' may be taken by the respondent that he/she is saying what the interviewer wishes to hear. Gubrium and Holstein (2001) observed that to eliminate such token responses, which are part of normal conversational conventions, has the effect of stopping the conversation, which in turn stops the interview. I liked the idea of the in-depth interview being a 'conversation between equals' (Taylor and Bogden, 1984:77) where I used my interpersonal skills to explore the

subject area. Also, I felt it was my duty 'to give subjects something in return for their efforts' (Sieber, 1992:101). What I was giving in return was my commitment to allow their stories and experiences to be heard, and, in the process, to share some of my own. It became notable that during the course of the interview, respondents began to seek information from me and I felt an obligation to reply as truthfully as I could. It appeared that as a researcher I was seen as possessing knowledge of events or procedures which was denied to the other foster carers. This seeking of knowledge from me contributed to the dynamic of the interview situation. Gradually the interviewing process was becoming:

less a conduit of information from informants to researchers that represents how things are, and more a sea swell of meaning making in which researchers connect their own experiences to those of others and provide stories that open up conversations about how we live and cope (Ellis and Berger, 2003: 471).

Since tacit knowledge is revealed through the telling of stories, the story-telling that took place during the interviews encouraged me to believe that I was receiving data that would be worthwhile to the enquiry. But I was also still a new foster carer, accommodating children for emergency placements. In return for listening to their stories, I was also receiving wisdom, advice, friendship and the courage to cope with some very challenging experiences. Their stories were becoming part of my own personal narrative.

### Transcribing the Interviews

After the interviews, I would drive away with the echoes of the conversations playing in my mind. King and Horrocks (2010) noted that it is the nature of qualitative interviewing for researchers to be exposed to experiences and recollections of events that are hard to clear away from one's thoughts at the end of the day. Because of this, I could not start transcribing, which is 'the process of converting recorded material into text' (King and Horrocks, 2010:142), immediately after the interviews. Padgett recommends that the transcribing is undertaken timeously as 'it affords an opportunity for immediate feedback on your performance as an interviewer' (Padgett, 1998:75). But I never thought of the process of interviewing as a performance on my part, and to make a conscious effort to 'perform' seemed to be somewhat manipulative, denying the co-construction of meaning which was becoming an integral part of the interview process in this study. Also, since it was tacit learning that I was trying to capture, rather than factual or cognitive knowledge, I did not feel the need to verify data from one interview to the next. I did, however, feel that I needed to regain a certain detachment, and to take my data purely from what was

recorded, so sometimes it would be weeks later before I turned to transcribing. The lapse of time also helped to remove myself from the temptation of amplifying the transcriptions by comments which were 'off the record'.

With or without a lapse of time, there are decisions to be made before starting the transcription. The first decision regards the level of detail that is required, which in turn is dependent on the type of analysis that is to be done. If the intention is to identify broad themes across a number of respondents, then it might be sufficient to listen to the tapes, identify the main areas of interest and to transcribe only those sections. This is a way of reducing the amount of time that needs to be spent on the transcribing as the transcription of an hour's interview may take from four hours upwards, 'depending on the quality of the recording and your typing skills' (King and Horrocks, 2010:143). However, this is a small scale study which is exploratory in nature therefore, although I identified some areas of interest, I anticipated that others would become evident as I engaged with the data. As a result, in spite of the time commitment, I determined that I should transcribe every word, since I believed that I could not simplify or reduce the record of the interview until I was sure that I would not lose any valuable information (Richards, 2006). Transcribing is more than merely writing down the words as uttered by the respondents. Punctuation marks, missed quotation marks and misheard or misinterpreted words on the recording may all affect the emphasis or integrity of the statement (Poland, 2001). It is recommended that confirmation of what has been said is sought by judging the coherence of the phrase with those preceding or following it (Hodder, 1994) and by ascertaining its general credibility (Guba and Lincoln, 1989) within the context of the conversation as a whole. But however meaningful the words are, they are only a part of a conversation, seeing and feeling are also means of 'apprehending the social world' (Warren, 2001:98). Geertz (1973) advocates the use of 'thick description' to detail not just the dialogue with the respondent, but the context in which it takes place, in order to convey a clearer meaning to an outsider. This 'Conversation Analysis' illuminates how people construct and 'produce orderly social interaction' (Poland, 2001:637). For such a detailed analysis of the conversation to take place, the transcription needs to contain not only the words used but annotations made to convey pauses (long and short), laughter and its types (nervous giggles, hollow, spontaneous), hesitations and corrections, overlapping conversations, changes in volume and particular emphases, all of which add meaning to the words that were used. In order for these to be included in the transcriptions, Jefferson (1984) is credited as being the first

to develop a notation which allowed for these nuances in a conversation to be recorded within the transcript. This original notation has since been developed by Sacks, Schegloff and Jefferson (1974), Atkinson and Heritage (1984), Psathas (1995), Silverman (1993) and most recently Poland (2001). 'Thick' descriptions should also include notes about the venue and the posture or demeanour of the respondents before, during and after the interview. However, since the purpose of my enquiry was to offer the respondents an opportunity to tell their stories about the learning experiences they had had as foster carers, I expected relatively straightforward answers to my questions. I use the word 'relatively' because respondents' 'accounts of their reality are themselves constructions of reality and not reality itself' (Anderson and Jones, 2000: 44). The same person can have multiple understandings of reality, depending on the situation, and their verbal descriptions of these various understandings will be different at different times and with different people. I was not concerned with the 'how' of the conversation revealing social interactions, more with the 'what' of their experience (Poland, 2001), and providing 'thick description' of the carers and their homes struck me as being impertinent for one, and a breach of my ethical duty not to disclose their identity for another. As such, I was left with the transcriptions of the conversations alone, even though I recognised that '...transcripts are, at best, partial accounts of the encounters between researcher and researched' (Poland, 2001:644).

Prior to starting to transcribe, each respondent was given a pseudonym. The pseudonyms started with the letters A to J and were allocated in the order in which the respondents were interviewed, for example 'Alice'(A) was interviewed first and Juliet (J) was interviewed last. This was in order to preserve the respondents' anonymity, as recommended by Padgett (1998). I had invested in software which was supposed to effortlessly transcribe the spoken word to the written but I found that it could not cope with the soft Scottish Highland accents. In the end I had to transcribe every interview by listening to the recordings and transferring the spoken word to the written on the computer. It is said that 'transcription is always a time-consuming and demanding task (King and Horrocks, 2010:113)' but that '...there is no greater intimacy with interview data than that gained from transcribing your own tapes' (Padgett, 1998:75). But little mention is made of physical toll of transcribing interviews, sitting at a desk, gradually becoming conscious of feelings of hunger, cold and thirst, the lack of exercise making one feel stiff and lethargic and the tips of the fingers becoming sore from hammering on a keyboard. Transcribing should come with a health warning! Even when the transcriptions are not going to be used



for Conversational Analysis, there is still the necessity for some form of notation to indicate interruptions to the interview, long pauses, inaudible words and conversational overlaps. The first two I indicated with the use of square brackets [ ] with the particular problem written inside the brackets. Where there was an overlap in conversation, I would show that by including a hyphen at the point the interruption occurs (after Poland, 2002:146 ). Then I would write the second person's comments before resuming the first person's conversation. I found it necessary to include these notations because sometimes there would be a complete change of topic, particularly after a lengthy interruption. In order for the transcription to have some sense of coherence, I had to be aware of the cause of the topic change.

The first interview that I started to transcribe brought other pitfalls. King and Horrocks (2010:148) warned that 'language in spoken form is always messier than it is in writing'. Sentences would run into one another so it was not always clear where one stopped and another began. Poland (2001) noted that in conversation, it is common for people to run their sentences together and it is for transcribers to make the decision as to where the sentences should begin and end. I began to use semi-colons extensively when the dialogue was related to one topic. Another factor which I had not anticipated was the 'clarity, speed and accent of speech used by the interviewees' (Poland, 2001). Many of my interviewees spoke rapidly which was helpful in that it meant there was extensive dialogue within the time constraints of the interview, but transcribing was slower as I had to make sure that I had captured every word. Dialect raised another issue. In the transcription, should I put "do you know" in preference to the spoken phrase "do ye ken"? There was a temptation to write in Received English in order to 'not make the participant (or themselves) appear inarticulate' (King and Horrocks, 2010:148). But the dialect contributed to the richness and flavour of the narrative. For a group of people who often described themselves as not very academic, they had an ability to convey drama and comedy by the way they layered their stories, using the repetition of phrases to heighten tension and give emphasis to the narrative. When it came to the oral tradition of telling their stories, they had a mastery and a richness that I felt would be lost if I tried to tidy it up too much, therefore I kept the dialect within the written narrative as best as I was able. This decision, however, had consequences. As part of my submission to the Ethics Committee, I had stated that I would send a copy of their own transcription to each of the respondents, which I duly did after having completed the first one. There was another study day shortly thereafter where I met up with the first respondent. She had obviously

read it through in great detail but she admitted to being embarrassed by the number of times in the conversation she had sought confirmation that I had understood what she was trying to say. I reassured her that I felt the same about my own contributions to the conversation, and asked her if she would have preferred me to leave out those embarrassing repetitions. On reflection, she decided that leaving in some things made the transcription read as a conversation rather than a written essay. Lincoln and Guba (1985) suggest that this member checking allows for clarification of meanings behind statements, validates the interview as a whole and may yield additional information. I felt it was only courteous to give the respondents the opportunity to review the interview in the same medium that I would be using for analysis, namely the written word. Hoffart (1991) cautions that respondents may wish to clarify, justify, revoke or alter what they originally said. From an ethical point of view, I felt this was acceptable. Often things are said in a congenial atmosphere, with which later the respondent or interviewer may feel uncomfortable. It is important that the 'socially constructed nature of the research interview as a co-authored conversation-in-context...be acknowledged' (Poland, 2001:635). However, to help avoid any embarrassment the respondent might feel when reading an accurate translation of the spoken word, where participants may come across as inarticulate or incoherent (Kvale, 1988), I subsequently took the precaution to forewarn my participants about how their speech would appear on paper, as advocated by Poland (2001). Transcribing the group interviews presented the difficulty of being rich in dialogue, but also very noisy when the respondents talked over one another or interrupted one narrative with a different one. Then, once the transcript had been made, I had to decide whether to send each member of the group a copy of just their own contribution or a permanent copy of other people's contributions. I was implicitly giving them permission to read my contributions, but I could not take the permission of the other respondents for granted, even though they had participated at the same time. I decided to send each of the respondents a copy of their own transcript and asked them if they would be willing to share it with the others who had been present.

The other hazard encountered whilst transcribing the interviews was that of emotional distress. What you can comfortably listen to when you know an event is unlikely to happen to yourself, takes on another dimension when that event is a daily hazard for any foster carer, as in the case of allegations or physical abuse. As a fellow foster carer, I was only too aware that some of those experiences could have been, or yet be, mine. Sometimes the

stories were so disturbing that they would haunt me for days afterwards. King and Horrocks (2010) suggest that the interviewer herself should have a person with whom they are able to discuss the contents of an interview, in such a way as to maintain the confidentiality and anonymity of the respondents. I did not feel I could adequately share my emotional reaction to some of the stories with those who are outside the world of children in care, and most of those people available to me inside that world, were my respondents. This made them unavailable to me because of the aforementioned issues of confidentiality and anonymity. Also, nowhere on the consent form had there been anything about the respondents agreeing to be my emotional mentor. I therefore had to process my reactions and emotions by myself. Unfortunately, this emotional engagement with the transcriptions and the subsequent rationalisation made me reluctant to immerse myself in the transcriptions on occasions, which lead to delays.

Emotional costs are particularly relevant in qualitative interviewing because of its open-ended, exploratory character; probing for details and depths of experiences can be stressful for all participants (Warren, 2001:86).

The positive aspect to this emotional engagement was that I would make notes of my reactions or thoughts about some of the information I was receiving. These notes were in the form of bracketed comments written in red so that they were easily distinguishable from the actual narratives. Without consciously thinking about it, I was beginning to analyse the data.

### Coding the Data

Transcribing the interviews generated 149 pages of transcript running to a total of 64,801 words of 'raw' data. It is said that quantitative research advocates 'data reduction *before* data collection begins and qualitative researchers reduce data *after* they are collected' (Padgett, 1998:73), but before this amount of data could be reduced it needed to be organized so that I could store it and retrieve it easily. Each page of a transcript was numbered and headed by the coded identity of the respondent and then the lines numbered from the beginning to the end. This was to enable me to make note of an area of interest and be able to access it at a later date. In Grounded Theory, Glaser and Strauss (1967) advocate simultaneous data collection and analysis in order to open up areas of interest at subsequent interviews. I had already rejected this as I had felt that it could close down and direct the enquiry at too early a stage. There was also the danger that I would use the

opportunity to direct the enquiry in to areas that interested me, rather than looking at the perceptions and experiences of the foster carers, from whom I was supposed to be learning. In spite of this resolve, during the transcription of the interviews I had made note of some themes or ideas which seemed to be of particular relevance, as I was afraid that I might not be able to recapture the thought at a later date. However, to analyse the data thoroughly and systematically, Becker (1970) recommended the use of ‘coding’ to identify phenomena both within and across the interview data. ‘Coding is the transitional process between data collection and more extensive data analysis’ (Saldana, 2009:4), whereby the fragments of information are linked to ‘*concepts and themes* around which the final report is organized’ (Padgett, 1998:76).

Since the purpose of the enquiry is to look at the experiences and learning gained by foster carers, I planned that the first part of the coding should divide the narratives, where possible, into the affective, cognitive or psychomotor domains. These groups are derived from the Taxonomy of Educational Objectives (Bloom et al., 1956). The premise of the taxonomy is that the different objectives educators set for students can be grouped into one of three domains. The cognitive domain refers to the concrete learning relating to knowledge, learning and critical thinking. The affective domain encompasses emotions, feelings and attitudes, their acquisition and growth. The psychomotor domain relates to the development of physical skills, the ability to manipulate instruments or handle tasks. In each domain there is a hierarchy of learning, where the student must have gained the necessary knowledge and skills at the lower levels in order to progress to the upper levels. The domains are sometimes referred to as ‘knowing/head, feeling/heart and doing/hands’ and there is some controversy surrounding the hierarchical nature of the taxonomies (Morshead, 1965; Paul, 1993), but an holistic approach to education will include all three domains. My premise was that, if the domains can be used to articulate educational objectives, they can also be used in reverse to analyse the knowledge base which has been acquired by carers, where knowledge is deemed to be ‘the recall of specifics and universals, the recall of methods and processes, or the recall of a pattern, structure, or setting’ (Bloom et al., 1956:201). Carers come to fostering with prior skills and knowledge, but in the process of caring for other people’s damaged children, they learn to adapt their existing knowledge, acquire further relevant knowledge and utilise prior and recent knowledge to inform their actions. This use and acquisition of knowledge is intrinsic to the practice of foster care, but it is undocumented and unacknowledged. I thought that being able to group the responses into affective, cognitive and psychomotor domains

would permit these responses to be compared like- for- like and highlight differences and similarities. The rationale for this was based on the premise that if teaching objectives could be organised around these domains, then learning could also be classified in a similar way.

But I was wrong! The natural conversations of articulate people do not fall easily in to the realms of cognitive, affective or psychomotor domains. According to the domains, learning objectives should be measureable and evidenced by the actions of the participants, hence the use of words such as knowledge, comprehension, application, analysis, synthesis and evaluation within the cognitive domain. The affective domain is concerned with the attitudes, motivation and values of the subject and this is often evidenced by the statements of opinions and beliefs (Smith and Ragan, 1999). Attitudes may also be deduced from the actions and behaviours recounted by the participants (Miller, 2005). The changing of attitudes is also part of this domain. The psychomotor domain is concerned with the development of practical/physical skills, but this is hard to evidence within a conversation therefore I had gathered all narratives relating to actions in this category. I then went through each narrative line by line and colour coded each sentence and even parts of the sentences, blue for cognitive, green for affective and purple for psychomotor. Finally all the information relating to a particular domain from one narrative was transferred on to a spreadsheet. This was so I could compare each of the domains with the domains from other narratives and so identify commonalities and differences across the range of interviews. Coding the narratives in to the domains was a lengthy and time consuming task, but it wasn't until I started to try and analyse the results that I began to question the value of this code at this time. I had reduced the data but instead of reducing it to meaningful units, I had reduced it to a chopped up collection of words which yielded only a small amount of information. The only concrete information I gathered was that the least experienced carer had received his/her first child eighteen months previously, and that the most experienced carer had been fostering for thirty-two years. Between them, the ten carers who took part in the study had looked after a total of four hundred and six children, with age ranges from birth to late teens, over varying lengths of time. In view of this range of experience, I had expected that the Cognitive domain, with references to learning acquired during study days, would be the biggest Code, with the psychomotor domain being the smallest. Again, I was wrong! The cognitive domain was the smallest of all three, with the affective (I felt or I thought) and the psychomotor (this is what happened or this is the action that took place) being the largest. Although interesting, the domain

coding had failed to illuminate the learning experiences of foster carers in any significant way and had taken a considerable amount of time.

In the trial study I had trialled the use of a template matrix to code the data, having already identified certain themes as *a priori*. For this part of the enquiry, I had already identified some areas of practice such as ‘receiving the child’ or ‘dealing with behaviours’, that I wished to explore in the interviews, but I anticipated that other areas would emerge and I wanted to be flexible within the analysis of the responses in order not to diminish or close off significant aspects. Padgett warns that:

The mental discipline needed to remain open to new ideas and to assign labels that reflect their substantive content does not come easily, but it is the essence of qualitative inquiry (Padgett, 1998:81).

Since the original title of the inquiry stated that I would ‘articulate the dimensions’ of learning to foster, everything in the transcripts could be of relevance. I reflected back to my conceptual framework. I had connected with the foster carers and they had shared their stories with me. It occurred to me that I should identify the dimensions or areas of foster care, from these stories, before attempting to illuminate the learning experiences which had taken place. Prior to the interviews, I had identified areas of practice which I thought were major events when caring for a Looked After and Accommodated child. These were, receiving a child in to care, setting boundaries, dealing with behaviours, negotiating relationships and saying goodbye. Whilst conducting the domain coding, I had noted other areas across the transcripts which appeared to be of relevance, including children’s actions, support networks, the system, and personal feelings. I therefore went through the transcripts again and coded the information in to one or more of the above areas. I tried to do all the transcripts within a limited timescale, so that I was in a similar frame of mind when I was classifying each of them. The next step was to ‘gather together all the text that is relevant to each of your research questions’ (Drever, 1995:66). I took each of my ‘areas’ as the subject of my research questions and again created a spread sheet containing the narratives relevant to a particular area. Having created these spreadsheets, the next dilemma was how to present the material in such a way that it would be accessible to others, illuminating the practice of foster care ‘without analytic bias’ (Seale, 2001:653). As the foster carers had contributed so generously to this enquiry, I wanted their narratives to be a major part of the written document. Since one of the uprights of my conceptual framework was the capacity of ‘narrative imagining’, I decided that I would construct a piece of writing or narrative around an area, trying ‘wherever possible, to use only words

and phrases used by the interviewee' (Drever, 1995:63). If there was dissent from a particular viewpoint, I would include it, even though there might only be one instance of it, so that all viewpoints could be represented. I would then use this narrative construction and compare it with current knowledge in the area, in order to address the 'knowledgeable understanding' of the conceptual framework. In this way I would be able to compare the carers' perspectives to those which are already known to the research community. Between the two perspectives, I hoped that there would be areas of commonality and omission which may highlight practice or raise further questions, requiring critical examination.

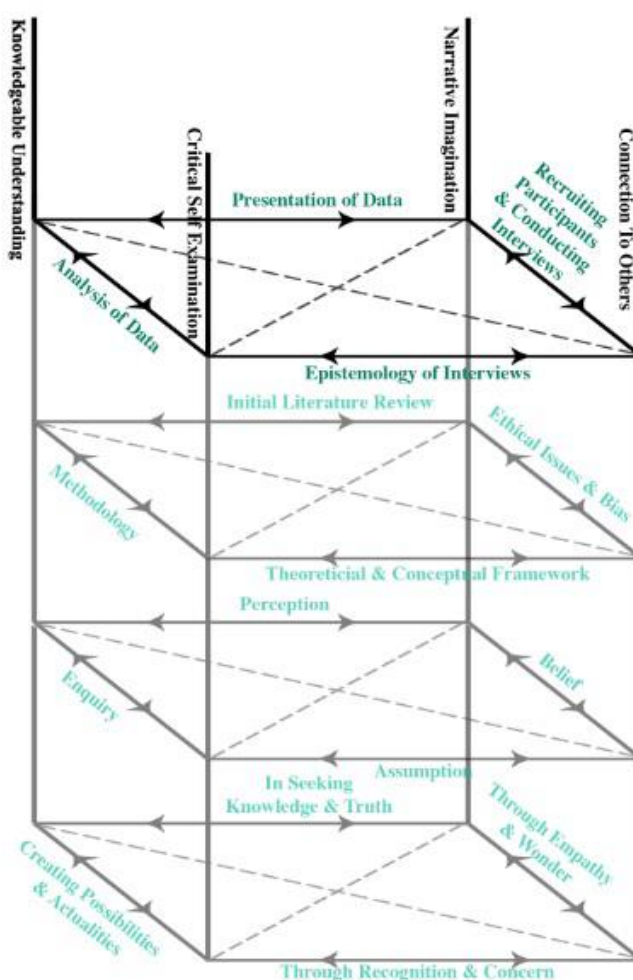


Diagram 4: Utilising the Methodology.

In sum, in this chapter I have detailed my approach to interview as a method of research and my experiences in recruiting participants, conducting the interviews and the transcribing of the interviews from the spoken word to the written. I also revealed my first experience of coding the data, using cognitive, affective and psychomotor domains (after

Bloom et al., 1956), which turned out to be wasteful in terms of time and energy expended and unproductive in terms of useful data. Following this experience, I formulated a new approach to data analysis, namely creating narratives which related to areas that I had coded across all the interviews. In this next chapter, I will present the narratives from the area coding with a view to articulating the dimensions of foster care as experienced by my respondents.



### **CHAPTER THREE: PRESENTING THE DATA**

In this chapter, I will present the ‘narratives’ which were derived from the interview data, using the carers’ own words, which are indicated by the use of italics. Where an extended carer’s quote of more than 20 words is used, this will be indented as a single block. These narratives are a distillation of the stories of the foster carers, and will be used in Chapter Four to identify the tacit knowledge acquired through their experiences. All viewpoints will be included in order to give as complete a representation as possible of the perceptions and dimensions of fostering which were identified, with the majority viewpoint at the beginning of a narrative and minority observations at the end. This is in order to present as complete a retelling of the experiences of foster carers as possible, in order to be truthful and trustworthy. The narratives will start with the point at which I (and all others) actually became a foster carer, which triggered the impetus for this enquiry, namely the receiving of a child in to the home. Thereafter, the narratives are arranged to reflect the progress of the child and carer through the placement.

#### **Receiving the Child**

Becoming a short-term or emergency foster carer usually starts with visit from the Family Placement social worker or ‘*you just get the phone call and we take them*’ (Juliet:279). However, as one respondent said, ‘*when you become a new foster carer...you’re frightened for the social work*’ (Darcy:1321) and, as a result, ‘*you’ll accept everything they give you*’ (Darcy:1327). Foster carers’ are not given much information at this stage, for reasons of confidentiality, so there is not much ‘*choice in how challenging they are because you get the phone call and you don’t know what they’re like*’ (Juliet:192). However, in spite of the lack of information and having accepted the placement request, before arrival in to the home, preparations are made to welcome the child or children.

*‘The day that they’re coming I go and get them pyjamas, something that’s for them. I always buy a wee toy so they’ve always got a distraction if there’s something there; just make it as welcome as possible for them’,* (Georgia:450).

*‘I always make sure I’ve got teddies, I make sure of that, always make sure that’s on the bed and say ‘this is for you. This is special for you coming to stay!’* (Juliet:225).

Because of the geography of the Local Authority and the small number of carers, it is possible that a child who comes in to foster care will have to travel some distance to his/her new home. As one remotely situated carer pointed out, ‘*For anybody to come to us, it’s a*

*couple of hours drive*' (Connie:113) so *'...we're open to any time'* (Connie:100). Other carers pointed out how the time of arrival could affect the child/children. The children *'...came to us at two in the morning'* (Juliet:220), and:

*'...if you have the child coming in late at night, who's been taken away in an emergency situation they can be quite upset. They're tired and they're hungry...'* (Connie:105).

One carer remembered that the children:

*'...came to us in the middle of the night; at first they thought they were bringing me two and then in the end I got five; and she [a child who stayed in touch] remembers getting toast and hot chocolate'* (Juliet:220).

Another carer predicted that:

*'...the first thing the social worker will probably say to you is "we've never had no dinner, we haven't had time to..."'* (Ellon:705).

Two of the carers expressed the opinion that:

*'...if you can get them at some sort of reasonable time of day, sort of like early afternoon, it's better, they're not so stressed'* (Connie:100).

*'...if they come during the day, they can wander around outside and explore and get a feel for the place'* (Alice: 368).

Whatever time of the day or night that the child arrives, several carers noted the importance of acquainting the child with his/her surroundings and the people already resident in the house; *'...show them where everything is and where it is they're sleeping'* (Juliet:223), however, *'that'll be after you've done all the introductions and I'll show you where you're going to stay'* (Frances:709). It may be that can be delegated; *'...when I had children in and another one came in and they would say "I'll show you your bedroom"'* (Ellon:711). In the midst of trying to welcome the child, the foster carer also needs to spend time with the social worker. This is in order to receive the necessary paperwork and any updates on the situation since it was agreed that the child should be accommodated. Since the paperwork does not arrive until the child does, sometimes important information can be missed.

*'He came on Thursday and then on Monday when I spoke to his social worker, he said "And he's not had any inhalers or..." "I didn't know he was asthmatic"'* (Frances:187).

*'I was told very little about the child apart from there might be some temper tantrums'* (Frances:163).

But in the midst of trying to meet the needs of the child, there is little opportunity to read the reports. Nevertheless, participants said *'you're supposed to sign, it's a contract and you're supposed to sign'* (Ellon:287), which puts the foster carer under some pressure as *'you want to make the child feel welcome, and sometimes the social worker can be there too long, you know'* (Juliet:230). So, in order to facilitate the bureaucratic process, the reports may be signed before they are read. For the foster carer, the focus remains on the child, for, as one carer described, *'they need to be settled and you try and find out what they like'* (Juliet:241). Ideally, *'that night, we just went at his pace, did the things he was comfortable with'* (Honor:1060). However, these are not *'lovely wee children coming in'* (India:1288) for a sleepover. Often the children come with *'...nothing at all'* (Georgia:476), *'...with no clothes, virtually. If they could come with a decent pair of shoes it would be quite nice'* (Connie:100). As a result, the foster carer needs to plan ahead, so that if the child arrives early enough, *'you can get them in a bath, then you can get their stuff washed and dried for the next morning'* (India:1082). It is also advisable to *'check for head lice. I know people say "Oh my God, you couldn't do that! That's terrible making the child feel like that" but if you've got a house full of other children...'* (Honor:1060), it may be a wise precaution. When receiving a child in to the home, the foster carers demonstrated a deliberate intent to understand how the child might be feeling, and to make deliberate attempts to alleviate the child's distress, and I return to these themes in Chapters Four and Five.

### Child/Children's Actions

When children are separated from the adults who have been significant in their lives, the expectation is that the child will be distressed, but of the ten foster carers who took part in the enquiry, only one recalled a child who had *'screamed for three days...'* and who had wanted to *'lie down and keep a cover over his head'* because *'...broken hearted he was'* (Ellon:633). Although there may be *'...teething problems where you know, I'm crying for my mum,'* (Frances:664) for most of the children, even if it was *'their first time they'd ever been in to care and they'd been lifted from home and into us'* (Frances:619), the majority of carers found that *'...they settled absolutely fine'* (Frances:620). One explanation may be that the *'kids settle so easy because they've come from something that's horrendous'* (Frances:313). On occasions the carer may *'...think he was glad he was coming back, relieved he wasn't going to the situation he was in'* (Georgia:93). Overall, then, it does not appear that settling *'...is a major issue. I think it's the rest that kind of goes downhill'* (Darcy:666). Although *'...the first week is usually pretty good'* (Darcy:668), with some

children the problems become apparent at the start. A young child may come ‘...with a packet of cigarettes’ (Ellon:865). Other issues may include selective mutism:

*‘If I asked her what she wanted for breakfast, for example, she would get up and point to the container in the cupboard, to let me know what she wanted for breakfast’ (Alice:157).*

Sometimes ‘...they’ll sit in corners’ (Honor:1012). Sometimes the child will do both. One child ‘...didn’t speak to any of us for a month and he sat on a bean bag every night and just ruckled about, and every night at seven o’clock he got up and went straight to his bed, never spoke’ (Barbara:535). The children may exhibit other behaviours which may range from ‘just the usual childhood tantrums’ (Connie:145) to where:

*‘...they break their own toys. Nothing’s important, even the things they like to play with, some of them, they’ll still break it if that’s what they want to do...’ (Alice:544).*

There may be concerns about the child ‘who was stealing’ (Connie:147) to the child who inflicts damage on themselves; ‘I don’t know if you can call a child of that age a self-harmer but s/he was’ (Georgia:147). The problems may also intensify ‘...once contact is started’ (Frances:670). The children ‘...start to kind of stretch the boundaries a bit; see what you get away with’ (Darcy:672). The frequency of contact (from 1 hour per week upwards) is set within 72 hours of the child coming in to care. However, with some parents, ‘...her mother only came when she wanted’ (Ellon:1182), which adversely affects the child:

*‘I’d have them standing at the window looking at the bottom of that lane... “Oh! Oh! Here’s a car now....no it’s not”, and they would stand and the tears would trickle down’ (Ellon:1184).*

As this is not an uncommon scenario, carers are advised not to tell the children about contact until there has been confirmation that the parent is on his/her way. ‘The children don’t know until I get the phone call to say “Mum’s here” ’ (Ellon:1202).

Sometimes the children will react violently to their situation: ‘he bashed me a wee bit because he got upset’ (Georgia:453) but the ‘bash’ can turn in to ‘a “hammering” shall we say’ (Honor:452), requiring medical attention for the foster carer. For some children, particularly in cases of sexual abuse, the child may have ‘got the wrong ideas’ (Barbara:252) and the carer may find that the child ‘wanted me to do what I didn’t want to do’ (Barbara:259) which in turn affects how the carer responds to a young child: ‘I couldn’t lift [the child] on my knee, I couldn’t cuddle [the child]’ (Barbara:246).

*‘One thing about these children who’ve had sexual abuse, nights, night times are a nightmare; they don’t want to sleep because they relive things and sometimes it can be horrific and sometimes it can be a want’* (Barbara:346).

Even without a background of sexual abuse, night times can be stressful for both the carer and the child. One carer recalled a child, *‘I would say a mentally disturbed wee boy because he used to get up at night and scream the place down, scream, scream, scream’* (Barbara:478). Another carer mentioned the child who would *‘sit and sleep on your feet, she’d watch the telly and go to sleep on your feet but she wouldn’t go to bed’* (Darcy:1399). In general, the behaviours of the children who come in to foster care tend to show ‘higher rates of psychopathology, educational difficulties and neurodevelopmental disorders’ (Ford et al., 2007:319) than children, disadvantaged or otherwise, living in private households.

### Setting Boundaries

Whatever behaviours a child exhibits on entry in to care, it is the responsibility of the carers to set appropriate boundaries that ensure the safety and well-being of all people in the household. Two carers explained their approach: *‘You’ve got to have a certain amount of rules and you explain them when they come in’* (Darcy:1026), because

*‘There’s no point in letting them run riot for a week and then deciding that you’ve had enough of it. The rules start when they come in’* (Alice:116).

It is necessary that the rules are both consistent and appropriate and once in the placement, that the child recognises that they apply to everyone, as one foster carer re-iterated.

*‘If everybody’s got the same message...in the house, [and] within the school...if we all just stick to the same boundaries, eventually it does come but it does need quite a bit of reinforcing...and the children will eventually begin to realise what they are, it tends to work’* (Connie:119).

Another foster carer discerned a hidden message that the application of rules conveyed to the child.

*‘I mean a lot of them like to break the rules but they want rules so they can push them and break them, but most of them love the stability when they’re here. You know, they love being told “No! You can’t!” That’s somebody taking an interest in that child “Oh she cares what I’m doing” so I think it does help them’* (Ellon:117).

The establishment of rules allows the child to identify the behaviours expected of him or her and in turn allows the child to have expectations of those who care for him or her.

*'I think routine's a big thing in your life. I think if routine comes into a place you know exactly what's happening tomorrow, life's quite a breeze for you, you know. They kids that come in here, you know, they've come out a nightmare really. Some of the stories we got from them are just horrific, you wouldn't believe it' (Darcy:126).*

But even though rules may be in place and the carer may be 'quite strict', there can still be:

*'A great laugh, they all say that, but I am strict they all say that, but I am strict. I'm strict with manners, I'm strict with language, you don't cheek and I mean, touch wood, and I've had no issue' (Juliet:260).*

Boundaries can change or alter as circumstances need: *'...I've had the same rule with every child; you leave your dinner, you don't get the pudding' (Ellon:1029)* but in circumstances where the child has been malnourished or shows evidence of non-organic failure to thrive, the foster carer may:

*'...stretch the rule with them. They would leave some dinner ...but because it was just them two it was 'Och, we'll give them pudding'. You know... Which I shouldn't have done but they've got to grow to be bigger' (Ellon:1029).*

However, there is no flexibility in the underlying morality or ideology of what are acceptable behaviours and what requires sanctions; the flexibility is in looking at the behaviours and understanding their provenance, whether it is ignorance, previous learning, or ill-will. The family boundaries need to be flexible enough to address the situation and its underlying meaning, yet still contain the behaviour. For example, *'...things that they like, they'll break them' (Alice: 544)*, but rather than condemning the child for his or her destructive behaviour, the carer understands that:

*'Maybe, breaking this thing, they like it but they're breaking it because of whoever gave it to them... even though they actually like it' (Alice:560).*

In setting boundaries, the carers are clarifying their expectations of the child's behaviour, which allows the child, in turn, to socialise within the family and in a wider social setting.

### Dealing with Behaviours

In spite of the establishment of routines and boundaries, there may still be behaviours which impact negatively on the carer, the family or even the foster child him/herself. One carer gave me an example:

*'In her last school she...was telling an awful lot of lies; ...all summer I said to her "now don't be telling tales on people; don't go telling lies on people" but she still kept doing it all summer and I kept saying to her "if*

*you in to school and do that you'll have no friends"; She didn't listen all summer and then she went to school and did exactly what I told her not to do and she saw that what I said was right. They all didn't want to know her. So she's never done it again' (Georgia:548).*

Another carer emphasized the necessity for repetition, which requires time, effort and patience.

*'You tell them why, and then...maybe you've to tell them one or two times, but other children you've to tell the same thing maybe every day for weeks and weeks before it finally gets in that "well that's not the way to do that"' (Alice:330).*

Where children have been living in uncertain or stressful circumstances, they may be hyper-vigilant making it difficult for them to assimilate the norms of the foster home. One of the strategies that carers can use is the distraction of fresh air and exercise, as one carer pointed out:

*'You just have to leave everything for the weekend, nothing gets done, just them. Get them out and about, [walk] by the canal bank, last Saturday, bucketing with rain, well wrapped up, ...two dogs who were enjoying the puddles, they were soaking the dogs and they were splashing, half past six at night they could hardly keep their eyes open. They came home to hot soup and R. said "what time is it?" and I said "half past six". "I think it must be ten o'clock, S." he was so tired but needing that...' (Barbara:315).*

Knowing the child can help the carer cope with behavioural issues:

*'You know when they know the rules of the house... and I mean, you can put up with most bad behaviour, och...you can put up with the storming and the banging' (Juliet:288).*

And some behaviours are due to the child's ignorance of what is acceptable, as one foster carer commented:

*'He could have come across as if he was cheeky but he wasn't, because when you said to him "do you realise that's cheeky?" ...and then he looks absolutely shocked as if he doesn't know it's not nice. He's a wee boy who's been spoken to like an adult and that's the way he answers you back and you're kind of taken aback, I think' (Georgia:598).*

Often children have had to look after themselves to such an extent that it does not occur to them to consider others, therefore it is up to the carer to explain to the child why such behaviour is counterproductive, as one carer described.

*'We tried to get through to them that you don't break things just because you want to break them, you know they belonged to somebody else. What I used to say to them, "now if all the other children had done what you've been doing, you wouldn't have all those toys when you came here" and then they would sit and think and some it wouldn't bother them but others*

*would say “Oh well, that’s right” and they’d start looking after things’ (Alice:610).*

The poor behaviours which the child might exhibit in the foster home may also occur in school, leading the child to being excluded from school. One carer described how this could be managed.

*‘I ask at the school for the school work, and they’ll say to me “Och, they’ll not do it,” and I’ll say “Oh yes they will!” because until quarter to four is school time so, you do school work’ (Juliet:479).*

Generally it was found by the majority of carers that the presence of ‘...the firmness and the boundaries’ can mean that ‘touch wood, they don’t get excluded again’ (Juliet:479), however, where one approach doesn’t work, the carer doesn’t give up, as one foster carer explained.

*‘The boundaries...used to be up the stairs to the room, but that wasn’t working because there were too many distractions in the room for him so now if its needed, it’s the bottom stair, sit there just to calm down, you know, think about what’s made them upset or cross and then they can come back in, that’s fine’ (Connie:129).*

Night times, particularly, can be disturbed when children are reliving past experiences. One foster carer detailed all the strategies that were used to try and help the child or children settle.

*‘I usually just put them back [to bed]....first of all say to them it’s not appropriate to be up at this time of night. Give them a hot drink, do what you would do with any child, tuck them back in, read them stories, sometimes we used to leave wee tapes on if we could...and that calmed them quite a bit but they’d go to sleep and then back up again, you just had to cope with it, get on with it’ (Barbara:380).*

But all of this takes a toll on the carer so that:

*‘Eventually, if they were really bad, I would say to social work “you really need to take them in to nursery for a while so I could get a sleep during the day” ’ (Barbara:385).*

In this instance, social work provided the support to the carer that allowed her to get sufficient rest to be able to cope with the children’s disturbed behaviour during the night. However, other children may be aggressive or violent in their behaviour, as one carer recalled:

*‘He was very aggressive, very mixed up, confused and you had to be living with it to work out ways to deal with it. You couldn’t from an outsider say “do this, it’s going to work” because it wouldn’t. You had to actually work, find your own way to deal with it’ (Georgia:511).*



A child's behaviour may be considered extreme, as described by the same carer:

*'...he was constant, faeces over the place, head butting, he head butted everybody in the house except me because he loved me, he would smash up stuff, he broke phones, you name it, he broke it, all the kids toys'* (Georgia:167).

There comes a point where the carer may ask for help, which may or may not be forthcoming. Where the carer is unable to deal with the situation, then the ultimate way of dealing with the behaviour is to have the child removed from the placement. This was the situation described by another carer.

*'We've had that one boy who nearly strangled one of our own, and we had to ask him to be moved because there was bruise marks on the necks, and it just wasn't working and we admitted it wasn't working and he was moved elsewhere'* (Connie:51).

All of the carers in this study made a point of the persistence and patience required to set boundaries to the children's sometimes extreme behaviours. Social Services appear to be a support, but not always a reliable one. When situations do break down, the home is no longer a place of safety for everyone, so the child needs to be removed from the placement.

### Negotiating Relationships

Foster carers do not just have to set boundaries and deal the behaviours of the children who come in to their care. They have to establish, maintain and sometimes regulate complex relationships with the child and all the significant members of the child's past as well as the adults who are now part of the care of the child. The first relationship which the foster carer will have to negotiate is with his or her own family. For the carers in this study, it was, as one carer summarised, *'...just something, you know, we thought we would like to do, you know, to help someone a little'* (Alice:27). Another carer described the decision as *'...a kind of spiritual thing as well with us, it was quite deeply spiritual at the time, both of us'* (Barbara:39). However, it is a commitment which should not be underestimated and deserves due consideration, as one carer pointed out. *'I said to H., "how do you feel about it?" and he said "well, wait a minute, hold on a minute, you know, till I get the feel of it," so we left it for about another year,'* (Barbara:48). Once the commitment has been made and foster children become part of the family, each parent appears to assume a role in relation to the children, as exemplified by these examples from two of the carers. *'M.'s obviously softer, being a lady, I'll be the kind of harder side to things you know'* (Darcy:62); *'And I mean, he's tired obviously when he comes home from work as well, so*

*that changes [the dynamic in the home] and he's very, very good with the children but he's stricter than I am I would say' (Juliet:273). It would appear that the children learn to negotiate between the parent figures, for example, 'if they've got a question, you know, "what do you think about this, if we do this" and they'll ask him before they'll ask me' (Ellon:101). In this way, the children are learning to understand the different but complementary aspects of relationships.*

#### Parent to Birth Child/Children

If there are already children in the family, they are involved in the assessment process as well as the parents and they are asked their opinion about having other children coming to stay with them. It is difficult, however, to assess the real impact of other people's children coming to stay in the family until it happens. The presence of other children in the home means that *'they've got to learn to share'* (India:287), as one carer stated emphatically. The sharing does not just involve the sharing of toys, but of physical space as *'...we never knew who was going to be in the bed next to us in the morning'* (as told by Barbara:23). The parent's time and availability for the birth children may also be compromised, as one carer recognised. *'They knew at times where they had to take a back seat so that the other children needed more time'* (Juliet:78). The same carer reflected that there may also be an impact generally.

*'Sometimes I think though our own maybe did without, years ago...I used to always have two extra so we'd five children, for years I had five children, everybody would be the exact same so probably my own did without because you compensated, you know, for the rest to all be the same' (Juliet:88).*

The carers' perception of the impact of fostering on their birth children is generally positive whilst recognising that there are tensions, as in the examples below.

*'I'd say most of the time they've really enjoyed it' (Georgia:138) although there are times when '...a couple of the boys have said they've not enjoyed it' (Georgia:139).*

*'I think sometimes they resented it quite a bit but if you speak to them now they'll say wouldn't have changed their life for anything so it must have been OK' (Barbara:31).*

#### Foster Carer with Foster Child

The relationship between foster carer and foster child is unique because although the foster carer may act as a 'parent' to the child, they are not the parent and as such, the relationship has to be manufactured. One carer explained how she would start this ambiguous relationship.

*'I treat them as an individual from the day they walk in to our house and you treat them with respect and you treat them the way you treat your own children and it's like a fresh start for them' (Juliet:48).*

Treating a child 'as a good parent would treat their own children' (H.M. Government, 2011a:3) does not mean treating each child in exactly the same way. Ideally, with a birth child, the parent recognizes their unique qualities and as such, responds to the child's individual needs. Treating foster children 'as your own' means taking the same care to learn the child and respond appropriately both day and night, as exemplified below.

*'When we started...schools, they didn't make any allowances for looked after children, they were supposed to fit in with everybody else, [but] they do need that they need that wee bit extra in school that you realise afterwards that they weren't getting, so that now any of the children that we've got that don't have to go to a specific school, I put them to x because I found that was the one that, well they seemed to understand' (Alice:277);*

*'They need to be settled and you try and find out what they like...years ago I would never, ever have allowed them to watch a video or a DVD in bed, never, I would never do...but if they're used to going to sleep with a DVD on...' (Juliet:241).*

By identifying the needs of the individual child and responding appropriately, the carers are demonstrating an empathetic and flexible approach to the care of the child.

#### *Birth Child/Children with Foster Child/Children*

Once a child is placed with a foster carer, the children of the family (the birth children) and the LAA Children also have to negotiate their own relationship. For those children whose parents have fostered since the child was of a young age, as one carer remarked, '*they've never known anything else; well, T. was only five...he's always had someone*' (Honor:255). The same carer went on to caution that familiarity with the situation doesn't always mean that a good relationship will develop:

*'I mean if they don't get on, they don't get on. R. has to hit it off straight away with them and if that doesn't happen, well, the situation is not going to improve any, at all' (Honor:243).*

Most of the carers, however, felt that there is '*a lot to be gained for the children...birth children or the foster kids to realise that they're not alone*' (Juliet:519). One carer found that her children...

*'...grew up with a great sense of awareness of children with needs and they all tried to help them when they came in and they shared' (Barbara:25),*

...to such an extent that a foster child became part of that family, as the carer recounted.

*'We adopted a sixth child who's now twenty five. He was a baby, three days old...and was just going to be with us for...a year and a half and social work was going to move him on and the rest of the family said "Oh we need to have a family meeting"...and I was forty two then, "could we keep the baby?" So we kept him' (Barbara:53).*

But even though a child may not remain with the family, one carer noted that:

*'A lot of the children we've had still keep in contact, you know, the older ones that keep in contact through Facebook and Bebo and all these type of things...' (Ellon:543).*

The opportunity for children in foster care to build, and even sometimes maintain, relationships with other children in the home environment enables them to develop social skills, an opportunity which they made not have had in the birth home.

### Foster Children and their Siblings

Where possible, when children come in to care, they are accommodated with their siblings but for some children, it may not be in a child's best interest. One carer disclosed the questions that had been put to her by social workers in relation to two siblings, for whom she was caring.

*'Their argument is that, is it in the best interest of the children to be together? Constantly reminded of their past? Both have very different needs as you know' (Honor:367).*

Foster carers may find that the child's lack of connection to their parents may extend to the wider family, as one carer pointed out.

*'He didn't want to stay here...but we had a younger sister of his, they didn't get on, they didn't want to be together' (Alice:166).*

Also carers can find that the child re-enacts behaviours that helped him/her to survive in their birth family, which may not be appropriate in the new setting. This situation was remembered by a carer.

*'I have had S.'s older brother, I had him for four months...with him being older, it was, well, a bit of bullying, I suppose, because I think, obviously he's been bullied and there was a bit of bullying on S. and a bad influence on S., things being said and actions and things that were not good for him...It didn't work out. But at the time, when we were asked to take him, we said we'd give it a go and do our best but it just wasn't practical' (India:225).*

Sometimes situations and relationships are not known about or understood until the children come in to care, so it may be that being accommodated with siblings is not necessarily in a child's best interests.

### Looked After Child and their Birth Parents

Given the choice, the majority of children wish to be with familiar adults rather than with strangers but foster children's relationships with their birth parents may be different, depending on the child's place in the family and the role that they had assumed. One carer described a family where:

*'Mum was up on a pedestal...and they [the boys] couldn't see by mum, whereas the wee girl with us was completely opposite, she wanted to stay with us' (Frances:607).*

During their time in care, children will have pre-arranged contact with their birth parents but this may not always go smoothly. Two foster carers described situations where the behaviour of the parents would have an impact on the child. For one carer, *'Dad would come sober and Mum would be absolutely stocious drunk'* (Barbara:252 ), on more than one occasion. With another carer:

*'The parents were drug addicts and for them to come and see her and be all over the place and everything' (Georgia:653),*

This was difficult for the child. On occasions the parents don't even turn up for contact which can be distressing for the child if they have been expecting to see them.

*'And then being let down, because we all know what it's like to bring a child back that's...the parent hasn't turned up for the contact and the child is really upset if they've known where they're going' (Georgia:655).*

It is for this reason that many carers do not tell the child that a contact has been arranged until they are sure that the parent is at the venue and is able to be seen by the child/children.

### Birth Parents with Foster Carers

Within 72 hours of a child coming in to care, arrangements must be made for ongoing contact between the child and the significant members of the family and this contact may involve the carers, particularly if the venue is going to be the carer's home. One foster carer detailed the arrangements.

*'A social worker will always ask if they think it's all right for the parents to come, if they're not too nasty or anything. And I'll say, "well, tell me*

*about them”, and then we decide if they come to the house or not. But some parents, it’s already in the paperwork that they’ve not to know where their children are’ (Alice:478).*

Not knowing where the children are being accommodated may be a provision in a court order, but this does not apply when children are voluntarily entered in to care. Then the parents have the legal right to know the name and address of the carer, whether or not the carer wishes his/her details to be known.

On occasions the carer may supervise the contact, because it is deemed best for the child, but one carer explained the drawbacks:

*‘I go in there, I find that’s quite challenging actually because you’ve to be sitting in...somebody else’s home for four hours. That is a bit, it’s hard going, and it depends on the mum, if she doesn’t want you round, which you can understand as well’ (Barbara:117).*

Even without the responsibility of supervising contact, the carer is expected to have dealings with the birth parents in order to support the child, and it is important during that contact to respect the parent’s position, for the sake of the child, as described by one carer, although all of the carers in this study noted the importance of respecting the parent’s position.

*‘I feel that if you can show that you’ve not got any animosity towards the parents, it makes the child feel safer. I think he was glad he was coming back, relieved he wasn’t going to the situation he was in; he was safe! But he knew that I didn’t have... I didn’t hate his mum like everybody else round about him hated them so I think that was a big difference’ (Georgia:90).*

Sometimes a genuinely supportive and lasting relationship can develop, as another carer recalled.

*‘I built up a relationship with her with visits and things like that. So much so that for years afterwards she kept in contact; she would phone me and [ask] “do you think I should do..?” ’ (Connie:217).*

Sometimes, though, it is not easy to be so positive with the parents, as one carer disclosed.

*‘It’s been difficult at times because you know what that child’s been through and you feel like shaking them...but you can’t, so sometimes it’s difficult to bite your tongue and be “let’s be positive about this.” I’ve been told once from an old foster carer when I first started, she told me she went out and chopped logs. Something happened when they [the parents] came to visit and when they went away, she went out and chopped logs to keep her going for about a week just to get her frustrations out. So you’ve got to be positive with the parents in front of the child. The child’s got to*

*feel secure as well, just bite your tongue. We're not there to criticise, we're only there to support' (Connie:226).*

The support to the child has to be unconditional from the carer, even though the parents may behave in an unsupportive manner. This situation was encountered by four of the carers, encapsulated by one of the respondents as follows; *'I mean they couldn't come and see [him/her] when they were supposed to...'* (Georgia:654), when talking about contact. Another situation involved an event with the child's extended family, where the carer was present. The carer expressed the emotional conflict she experienced at this time:

*'Because this child's grandparents had said a few weeks before they didn't want him/her, but when all the extended family are there, of course, they were all over him/her and I thought "I know you don't want this child", but you have to go along and publicly be supporting all of this even though you know it's all a pack of lies' (Juliet:312).*

At other times there are misunderstandings between parents and carers as exemplified by one carer.

*'Dad had a real chip on his shoulder and was going to tell me off to start with because I didn't put the designer shoes on his child, but little did he know that the shoes that the wee boy had on was the same as my own son's, and that was why he wanted them, and when Mum picked this up and pointed it out to Dad, after that he was really mellow and I got on really...I still see them now and again and they can't thank me enough' (Georgia:81).*

On occasions, when parents and carers are together, for example at a Children's Hearing Panel, there are misunderstandings around who is responsible for the child's behaviour.

One carer described a scene, which most carers would recognise.

*'They [the children] play to Panel to see how far they can go without you saying "don't do that!" I've sat with the parents and the kids are under chairs and everything and I'm waiting on the parents...and I keep looking at them[the parents]and in the end I had to say "right, get up now and get on to the seat" and they would get up, quite the thing, and sit on the seat' (Ellon:993).*

For the sake of the children, the foster carers try not to overtly undermine the parents, as one carer explained to me.

*'You've got to think of the whole child...even though I know all the damage that [the parents are] doing, I would never, never speak negatively of [them], never! You know, because blood is thicker than water. I mean, I've had children staying with me where they've been severely, severely abused but they still love the parents; they just want it [the abuse] to stop. So it's a lot of 'treading on eggshells' sometimes with these parents and some of them, they've got really bad mental health*

*problems as well, but you just work your way through that and try to get them to realise what's best for their child' (Juliet:356).*

It is the empathetic engagement that enables the foster carer to support the child, even in difficult circumstances.

### *Foster Carers Relationship with Social Workers*

One of the advantages that foster carers have in dealing with the parents is that they are not necessarily seen as part of Social Services, as articulated by a carer, '*I think they see the department as separate from foster carers*' (Juliet:367). But of necessity there has to be a relationship between foster carers and social workers. When a child first comes in to care or when the child is being moved from one carer to another, it is the responsibility of the family placement social worker to match, as far as possible, an available carer with the needs of the child, so '*You sort of get asked if you could take, you don't go in to it...*' (India:777). Once the child is accepted in to the home, the carer should be fully informed about the child's circumstances as was the case with the following carer:

*'I got a four-week old baby and I had paperwork, every paperwork you could ever ask for was all there and it arrived before the child'* (Frances:148).

However, this is not always the case. Even though one carer may have '*never, ever felt that I've not been trusted by the social work*' (Ellon:243), there can be lapses in communication, for example when one carer was given '*paperwork that was eighteen months out of date,*' (Frances:150). Another carer recalled an event when speaking with social workers:

*'I mean I've had it with social workers coming and [they] said something about a child and I'll speak to the team leader and they'll say "Did they not tell you about this?"'* (Ellon:253).

One foster carer recalled a misunderstanding between herself and a social worker as regards to role.

*'I had a conversation not so long ago with somebody from social work, they were rather annoyed that I'd let them know I wasn't particularly interested in the parents or what they did and she found that rather strange'* (Alice:781).

The lack of understanding between the foster carer and a social worker may lead the carer to say '*I'm not going to phone the social work or they'll think I'm an idiot*' (Ellon:1375), which reflects the sometimes uneasy relationship between the two groups.



## The System

Relationships between foster carers and social workers arise within the system of social services, which itself has been shaped by history, public opinion and the Law. This is reflected in the way that foster care has been used. According to one foster carer, in the past:

*'Parents had...to be given one or two chances and you knew they were going back to the same situation, well that was hard because again, about two or three times they were only home for a few weeks and then they came back again' (Alice:64).*

By contrast, now it would appear that:

*'Well, the children go back maybe once but they don't go back the two or three times the way they used to years ago. No, they're not getting as many chances' (Alice:92).*

On occasions it can appear to the carer that *'...sometimes they go too much with the parents' rights than they do the child'* (Connie:340). It also seems that financial considerations play a part in how foster care is used. One foster carer explained:

*'What had happened was they decided to do a home plan – put the money into keeping the children at home and put support in the home. But when that money ran short, they ran out of money, the support wasn't going in to the home so what happened? The children came in to care again and they only prolonged it for a year' (Ellon:1637).*

Two other carers corroborated this theme. A fourth foster carer pointed out that *'...ideally [they are] only wanting the children in the short term placements six months then moved to permanency'* (Juliet:612). But no matter for how long a child is in placement and irrespective of the long term plan, no system operates without paperwork. When a child comes in to the foster home, it is recommended that, *'...we all get core records, we all get this and we all get that'* (Frances:1590) but it can happen that *'I got core records and all it had on them was his/her name and date of birth'* (Ellon:275). The same carer stated a similar situation regarding another child's core records.

*'I still haven't got them, you know, so you say to yourself, "well, what's the good of having core records if they can't put them out?"' (Ellon:280).*

The paperwork can be a direct protection for the child and for the carer, as was noted by another carer.

*'I used to have forms to fill in for V. when s/he went to contact, if [there were] any marks before s/he goes and when s/he comes back, I'd put it on these forms, because [of what] they'd been accused...' (India:520).*

Nevertheless, for foster carers', communications generally within the System, not just with the paperwork, can be a source of difficulty from the beginning, as exemplified by the first carer I interviewed.

*'We decided at first that we weren't taking teenagers, it would be primary school, but again the first four children we got was a teenager, and we said "yes" because we didn't want to say "no" to the first phone call' (Alice:752).*

Two other foster carers echoed this statement by saying, *'You sort of get asked if you could take, you don't go in to it...'* (India:777) and *'they give you twenty kids and you're feart to say "oh no, no I can't go, I can't do that"'* (Darcy:1358). Once there is a child in placement in the home, there can be lack of information over the length of the placement. According to one carer *'...we believed that short term was up to three years'* (Georgia:583), whereas another carer cited medical information as not having been communicated; *'I didn't know he was asthmatic,'* (Frances:188). It appears that foster carers are also expected to replicate the lack of communication when dealing with other foster carers, as one carer confided; *'...I was told not to say too much, they would find out themselves'* (Georgia:376). Communicating with social services about the child/children in their care was another difficulty that a foster carer identified.

*'I found it really hard to get him the help he needed because people didn't want to label him, and they didn't want to push the fact that he wasn't perfect but this wee boy needed the help and he needed it now not further down the line'* (Georgia:148).

Another foster carer articulated that *'it seems like things don't get recognised enough'* (India:868). This means that carers can find themselves being pushed beyond their ability to cope, as illustrated by a two separate carers.

*'He would scream from five o'clock at night to eleven o'clock and then they [social workers] talked me round so I'd feel guilty and I didn't want to let them down so I would keep him for a few more weeks'* (Georgia:206).

*'I was getting to a point and X. [link worker] was saying to me, can you hold on until Christmas? And then it was February was the next date and I thought I was ready to crack up by then'* (India:946).

This last carer perceived that:

*'They don't solve the problem...they just let things go on and on until they get to a point where they can't go on any longer, and they need to find something more suitable for them'* (India:915).

This statement was amplified by another carer.

*'Rather than admit that "Well yes, that is a problem child" you know, that they make it sound like it's nothing really... it is a bit about your own ability rather than what the child needs or what it's doing' (Frances:1519-1524).*

As summed up by a third carer, *'you're not listened to...and there's no point in beating yourself up; because you can't, it's just the system'* (Juliet:544). In view of the stresses of caring as part of a bureaucratic system, the data here suggests that a carer requires a support network.

### Support Networks

Murray and colleagues (2011:150) wrote about the 'high burden of care' demanded of foster carers, and stated that it is important they receive proper support for the role. The first support that any carer has is from their immediate family whether physically, *'He does the transport mainly'*, as stated by Frances, or psychologically, *'It didn't matter if they ignore me, it didn't matter. I've got him to talk to'*, as remarked by Ellon. Another support is given by the Local Authority or Fostering Agency. They provide a team of specialised social workers, the Family Placement Team, to be Link, Support or Supervising workers to the foster carers. India felt that:

*'The support's there if you need it. We know that we can phone up and get advice or whatever from [the] link worker' (India:433).*

When a person initially contacts Social Services to enquire about fostering or adoption, the Link workers will be the ones who will answer queries, run the preparation groups and arrange for the prospective carers to attend them. Should the prospective carer decide to proceed with the application, the Link Worker will conduct the assessment and provide support at the Fostering Panel. Therefore the carer will already have a working relationship with the Link Worker before a child is placed with him/her. One carer positively expressed her view of this relationship. *'I've always had help with, help with support workers that have really been good'* (Ellon:845). The Link Workers also run the carer training days which are seen by all the carers in this study as being very supportive. One carer explained the benefit of the study days.

*'Yes, it's good to have the courses. And again, apart from realising there are certain things that although they're not in your own life, they are out there in the children's lives...although you hadn't come across it since you started fostering you were still realising that well...what to do if this thing cropped up, or else you knew who to speak to' (Alice:820).*

But there is a limit to the amount of support that a Link Worker can provide. Normally Link workers are only available during office hours, although a general duty social worker, who may not work with children or know the specific case, is available outside of those hours. However, one foster carer pointed out that *'if we need somebody we've got to go through all these channels to get to speak to somebody'* (Connie:82). When Support Workers take holiday or sick leave this also has an impact on a small team which has to try and manage the extra workload, which was again pointed out by Connie.

*'We've all got our family placement worker, but at the moment we haven't got one and they've got huge areas to cover. They're sort of very thin on the ground'* (Connie:359).

This carer had also said previously that:

*'I must admit I don't feel supported all the time, I feel as if I'm left out on a limb. It's a case of the child's there, the child's safe, let's go and forget about him and think of somebody else so there has been occasion when no, we haven't been supported'* (Connie:69).

There can also be misunderstandings about the type of support that is required, which a different carer articulated.

*'Someone from Children First would phone me every Thursday and we'd talk over how the week had went. Yes, people were there to support me. I didn't want that! I wanted people to do something for him and maybe do...I was always on about play therapy for him but they said he was too young'* (Georgia:218).

Emergency and short term foster carers may find it difficult to juggle the demands of the system (LAAC reviews; Children's Panels; on-going engagement with social workers and contacts with birth parents) with employment outside the home. One carer warned that *'you could well be very lonely...there are very, very few women who are at home with their children now'* (Juliet:498). She went on to point out that *'the social workers have no idea of what you're living with twenty-four hours a day or how intense it can be'* (Juliet:999). One carer stated that the only group of people who can fully understand are fellow foster carers because, *'the ones that have been fostering for a long time, well they've come across most things'* (Alice:359). The last carer supported that statement. *'I think that's something that people should be taught, that you will need the support of other carers'* (Juliet:402). Initially, however, it may be difficult to make contact with them. I confided in one interview that.

*'I got the impression when I first started that social workers operated almost a 'we can't let the foster carers talk to one another, just in case*

*they find out things they're not supposed to know'* (Interviewer to Georgia:365).

A similar sentiment was echoed by a foster carer in a later interview when she said '*...even now, it's like secret service, who's foster carers and who's not*' (Juliet:402). Support Groups of carers are sometimes set up under the aegis of Social Services but organising them creates difficulties, as was explained by one carer.

*'We tried that here...and I know in J's time they met up a couple of times but they meet during the day when I'm working'* (Connie:393).

Also as foster carers, it was pointed out that '*most of us have got kids*' (Connie:399) which presents problems for evening meetings if a babysitter has to be found as babysitters are required to have Enhanced Disclosure or Protection of Vulnerable Groups Certification. Support Workers can assist the new carer in making contacts with other carers as is illustrated below.

*'Y. [Support Worker] gave me your name and number, or vice versa, whatever, for you to get in touch with me, I can't remember. It's through that then and through going to the courses...we tend to support each other now, don't we? Well, I had B.'s children yesterday, she was at a LAC review, F. is away on Thursday at a LAC review so...we're lucky'* (India:48).

The foster carers about whom the respondent was talking all live within an hour's drive of one another, making them accessible for support. A more experienced carer, talking in a similar vein, reiterated that:

*'Young carers need a lot of help, they do, they need a lot of help. And I think having other carers at the end of the phone'* (Barbara:410).

Issues around confidentiality and data protection, however, mean that new carers will not automatically be given the contact number of a more experienced carer. Therefore it can take time to build up a network but '*they have to build up the network,*' (Juliet:402) as there is a limit to the amount of support that the foster carer perceives he or she can ask for. I discussed this with one of the interviewees.

*'Sometimes you just want to share titbits, or check things out with somebody who's actually been through the experience'* (Interviewer to Honor:31).

*'Or have a moan'* (Honor:34).

Already existing friendship networks are another source of support for foster carers. One carer praised the support she received from:

*‘...a very good friend who shares everything with me. She’s seventy-six and knows more about me than I do and more about me than [my husband] does. Very supportive, wonderful person, wonderful’* (Barbara:686).

The friends must be able to understand the need for discretion and confidentiality on the part of the foster carer regarding the child’s/children’s background. As another carer pointed out, *‘you know who our good friends are, because if people will accept all these children, you know they’re good friends’* (Juliet:349). The formal and informal network of relationships that are made over time provides foster carers with a supportive framework for practice.

### Saying Goodbye

Although a higher percentage of placements than desired end in a disruption, for the majority of children in short term care, it is acknowledged that *‘well you know some of them will go home and some others won’t go home, so it’s when you go away from here... we always speak about when you go away’* (Alice:664) . This is in order to give the child a realistic view of the situation even though the carer is unable to predict the outcome of the placement. It is hoped that, as Connie pointed out:

*‘[the children will] still appreciate and remember the time with you with good memories. So I think they’ve got to know that “yes, you are moving on to something more permanent, more positive if it’s all going to work out” ’* (Connie:169).

She goes on to explain that in the meantime, the carer tries to:

*‘treat them as an individual, and just make them feel loved, safe, warm, looked after, fed and just be positive about whatever’* (Connie:191).

Once it is known where the child will be moving to, planning can take place for the final days. One carer described two factors that are important in the decision making, the foster carer him/her self and the wider foster family.

*‘We had a wee girl last year for five months who was moving on, when I was actually working in Edinburgh that day, but we said no way was she moving until I got back from Edinburgh’* (Juliet:320).

*‘It was decided...because the wee boy was the same age as D., that he would be moved the day, it was the practice days for school; D. always said that “but you took R. away the day we went to practice days” and that was so important to both of them, and we hadn’t realised it at the time but we thought it would be good because D. would be busy’* (Juliet:329).

For the carers, all agreed that having to say goodbye is ‘*easier with some than with others*’ (Alice: 691). As part of the process, often there is a formal celebration to mark the child’s transition to new circumstances, as two of the carers described.

*‘We go out for dinner before they go and every child that’s ever left here has got a going away present’* (Alice:690).

*‘I think saying goodbye to them...is important and it’s important if they’ve been with you for a few months, like my mum and dad and our friends say cheerio to them as well, to mark the [occasion]’* (Juliet:344).

When the day of the move comes, foster carers are advised to show only positive emotions but one carer qualified this by saying that:

*‘I know we’re told to put on a brave face and make it a very positive experience for the child...I think you’ve just got to be yourself.... Yes, make it positive as much as you can but to let them know as well that it’s upsetting you and you’ll be really sorry to see them go’* (Connie:157).

This is one way of validating the emotional connection that may have been made during the child’s stay. Sometimes, though, the foster carer remains a part of a child’s life, as in the following example:

*‘He’s moving on to like, virtually like a college placement and speaks of me, because he’s quite funny, he’ll say “does that mean, when you come to the city, you’ll take me out for my dinner the way you take M. out?” and all that; and I mean I will but that’s not part of being a foster carer but it’s part of, just, I’m fond of him’* (Juliet:202).

When the child stays in the local area, although no longer with the foster carer, some carers recounted the advice they were given by social work.

*‘Once they’ve left your home, try not to have anything to do with them, they’re making a new life for themselves’* (Darcy:554).

*‘They might want to forget it and not let anybody else to know’* (Juliet:344).

One carer expanded on that advice.

*‘And children that have stayed in my house for short periods of time, I don’t speak to them in the street unless they speak to me; I smile at them but I don’t speak because...I would never push...’* (Juliet:339).

This is the advice that is generally given, but one carer protested that ‘*we’re part of their life! We’re part of their background and we’ve all got background*’ (Darcy:559).

### Personal Feelings

The decision to become a foster carer is usually motivated by a sense of altruism, as in the following examples: *'I thought I could help'* (India:175); *'I suppose I maybe saw that I could do something'* (Georgia:63); *'that would be great to be able to help children'* (Ellon:49). There are also many other possible considerations:

*'I just had spare time on my hands. I had a part time job and I was living in...a big enough house and a good area for the children'* (India:175).

*'I always wanted to be at home for my own two children; I didn't want to go away to work, I wanted to stay at home'* (Honor:157).

*'We'd gone and produced three and enjoyed having children, so we applied to become foster carers and that was it'* (Connie:30).

The sense of satisfaction that may be gained from helping children will only be one of a number of strong emotions that will likely be encountered over the course of a foster caring career. The abstract knowledge of the suffering a child can endure whilst with the birth parents becomes an emotional reaction the first time that a carer sees the child's forms detailing their experiences before he/she came in to care. Three of the carers confided their reactions. *'When you originally see that, you're thinking "Oh my God!"'* (Honor:120).

*'It's so sad! I had one wee boy, it was so sad; I thought "Aw, I can't cope with this." It's so sad! I mean he was about seven if I remember right. I was thinking "what on earth?"'* (Barbara:366).

*'As an adult you would have found it hard coping with it, so as a child it must be horrendous'* (Frances:131). One carer admitted that she would *'...get emotional about the children...'* (Honor:999), but this emotional connection may be one of the key factors in caring for the child. In different ways, each of the carers expressed the opinion that *'...just caring, being there when you're needed I think are the main things'* (Connie:265). This emotional connection helps the carers to *'cope with the challenges [because] it's them'* (Georgia:491). Another stated that the key factor in caring for a child is *'...love! Definitely, you couldn't do it without love, could you? It's certainly love that takes you through'* (Barbara:535).

In loving or caring for the child, the carer must learn to deal with their own emotions about the adults who previously looked after the child. As one carer expressed it *'...you feel like shaking this mother or father and saying "why are you doing this to this child?"'* (Connie:226), but another carer pointed out that the carers *'have to deal with the parents*



*even if they don't like the parents'* (Alice:777). It was noted by one carer that closer contact with the birth parents can give the carer *'...a different view of life...because I'm seeing the parents now a lot more...and I suppose I see their needs in a different way'* (Barbara:138). Whatever their emotional connection to the child, foster carers must put that aside in order to manage their own feelings even if it is difficult.

*'I've had a lot of experience, but I'll tell you something, I've cried a lot in it. I've looked at myself; I've turned myself inside out. Don't want to deny the children in any way but in all of that I've had to keep a very firm ground, very firm'* (Barbara:614).

With experience comes maturity and confidence as one carer expressed.

*'I might not be more skilled but I'm certainly more confident and more vocal to speak my mind than I ever thought I would be. I'm not scared to speak out if I'm not happy anymore'* (Honor:633).

The normal sense of sadness felt by the carer when a child leaves the foster home may be exacerbated if the carer does not agree with the decisions that have been made about the child's future but, realistically, one carer advised:

*'You've got to say "they are not my children. I have done my best for the time they were with me"'* (Juliet:544).

However, when the carer is unable to help the child, one of the primary motivations of fostering, either because the child is so damaged or has specific needs that the carer is unable to meet, two carers admitted they felt that *'we'd failed; we'd failed this child'* (Connie:57); *'I thought I was being a failure'* (Barbara:363). If the placement ends in a disruption, the carer can be left with a sense of guilt as another carer described.

*'We took ages to reconcile that we'd done the right thing. We were ready for taking him home...and the guilt after that, what we've done! You feel the guilt though'* (Honor:982).

But the feelings of failure and of guilt do not compare to the devastation that a carer feels when they are told that an allegation has been made against them. One carer described the experience.

*'You know, when you can't stop shaking, when the diarrhoea starts, when you can't stop being sick, when you can't pick up the telephone, when you can't get the front door for worry of everyone knows, when you can't sleep'* (Honor:492).

Even though there is a process for dealing with an allegation, there is the impression that:

*'We're now living in a society where no one's willing to take responsibility for their actions; I think they're just pressing the button, "better safe than sorry". Of course it's better to be safe than sorry as far as a child's*

*concerned, but take a minute to think of the devastation you cause if you've taken something out of context' (Honor:1403).*

During the investigation of an allegation, the foster carer is not told what the allegation is until the investigation is completed:

*'[The Link Worker's]'s in the house...knows the allegation but can't tell me, right. [Senior Manager] was down here on the Friday, I'm sitting there breaking my heart, telling us that he knows the allegation but at that point cannot tell me, but this is what's going to happen, this is the process' (Honor:1371).*

The withholding of information is a further source of stress for the carer. Because the nature of the allegation is unknown, the person who is being accused is also unknown and the allegation may have been made against the other children in the household.

*'What protection was [my child] afforded at [x] years old? When the police were coming to take him/her away and they never notified us as parents of what our child was being accused of' (Honor:1340).*

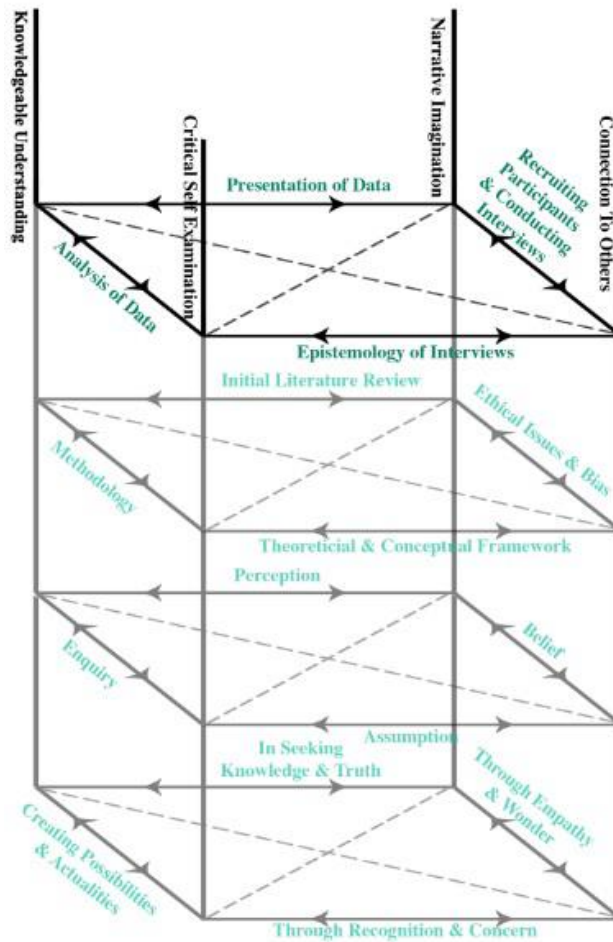
However, the aftermath of an allegation can cause almost as much emotional turmoil:

*'Then we get a phone call in the afternoon...not even an apology, 'oh that's it, we're finished now, no need to worry' (Honor:1373).*

To conclude, in this chapter I have distilled the data and presented it in the form of narratives which were taken from areas I identified in the transcripts. The narratives follow from the initial Receiving of the Child in to the home, through the other major elements of a child's time in care, ending with the Personal Feelings of the carers' about the experience. In the next chapter, I will, using the same progression, link the narratives to known research and published commentaries, in order to present a broader, in-depth understanding of my data on current foster care.

## **CHAPTER FOUR: ANALYSIS OF DATA**

In the last chapter, I encapsulated the experiences of the foster carers in narratives using the major themes which I had identified. In this chapter, I will reflect on those narratives with reference to relevant research and theories, in order to produce a knowledgeable understanding (Nussbaum, 1998:11) of the practice of foster care. Whilst seeking to understand the current practice of foster care, I will also identify and discuss some of the theoretical concepts which relate to the practice. However, over-arching concepts associated with fostering will be noted against the narratives but will be discussed in greater detail in Chapter Five.



**Diagram 5: Towards a Knowledgeable Understanding**

### Research on Receiving the Child

The foster carer who admitted he/she was '*frightened of the social work*' qualified that by adding that '*...you've a fear of getting it wrong*' (Darcy:1323). Since the period prior to approval is largely concerned with the assessment of the carer's suitability to foster, rather than learning how to foster, there are no guidelines on how to prepare for a placement. In practice there is no matching of the inexperienced foster carer with an experienced one for support and advice. Also there appears to be no evidence base regarding how to lessen the initial trauma to the child of being placed with strangers. It is notable, though, that all the carers in this study prioritised what they perceived as the child's needs, at the point of entry to care. As part of welcoming the child in to the home, all the carers offered food and drink and if necessary, provided clothing. This is an immediate and tangible demonstration of the care the child might expect to receive in the foster home and serves to promote feelings of inclusion and membership in the new family (Pithouse and Rees, 2015:124). The desire of the foster carers' to allow the child to come to the home in daylight, or to be shown round so that he/she can become familiar with the environment, reduces the child's anxieties and helps to meet the need for psychological safety. The desire for love and belonging is another need, therefore treating the child '*with respect and ...the way you treat your own children*' (Juliet: 51) promotes the feeling of being included in the fostering family.

The actions of the foster carers, however appropriate, do not lessen the fact that, for children the act of coming in to care is 'scary' (Sinclair et al., 2001:25), regardless of the events leading up to this crisis. No matter the issues with the parents, they still represent the only belonging figures the child has known (Aldgate and Jones, 2006). In receiving the child in to the home, the actions of the foster carers invoked theories of needs, care and attachment, all of which will be discussed in Chapter Five.

### Research on the Child/Children's Actions

Whatever the reason for the child coming in to care without prior planning, most of the foster carers '*...think it's strange*' (Frances) that the child appears to settle with such ease on the first night. There may be many explanations why a child newly admitted in to care settles so well and so quickly; exhaustion, relief that the foster carers appear to be 'all right' (Barbara:494), or fear that if they are not compliant there might be unpleasant consequences. However, Iwaniec (2006:117) stated that 'neglected and rejected children do not show distress and do not protest when they are separated from their parents'. Once

in care, it has been estimated that 72 per cent of children display emotional and/or behavioural problems (Sempik et al., 2008). In order to survive, the physically abused child may have needed to be more alert to the signals being given by the abuser that maltreatment was about to occur, leading to higher base levels of arousal and anxiety. However, this hyper-arousal may lead to a misinterpretation of behavioural cues from their care-givers in normal situations, 'increasing the child's risk for anxiety' (Shackman et al., 2007:13). This heightened awareness and anxiety will influence the child's behaviour in the foster home and may affect their relationship with foster carers, particularly physical violence which may lead to the breakdown of the placement, as evidenced in this study by carers Connie and Honor. The child/children's actions are indicative of the level of trauma they have endured, so theoretical constructs of trauma and its recovery become part of the practice of foster care.

### Research on Setting Boundaries

In order to minimise the incidence of undesirable behaviours, the foster carers will set behavioural boundaries. The setting of boundaries and the establishment of routines is not meant to be punitive or restrictive, but to allow the child to identify the behaviours expected of him or her. These boundaries and routines apply to the carers as well. This, in turn, allows the child to have expectations of those who care for him/her. According to Kelly's Personal Construct Theory (1955), every person constantly tries to understand and predict events. With the ability to interpret what is happening and to predict likely subsequent events, the individual is prepared and able to adapt when circumstances change. In addition, with the ability to predict, comes a lessening in tension and anxiety, as was commented on by one foster carer (Darcy:126).

As well as promoting routines and expectations, the functioning family creates appropriate boundaries between parents and children to maintain 'a healthy climate for all family members' (Corby et al., 2012:143). It is postulated that in dysfunctional households, the boundaries between parents and children are crossed (Minuchin, 1974), which may result in physical, emotional or sexual abuse (Bentovim et al., 1988). This theory has been criticised because of its emphasis on traditional family structures and lack of reference to the power relationships between the genders which may contribute to the abuse (Corby et al., 2012). However, as part of the conveying of appropriate messages to the child/children in their care, the overt presence of boundaries may be a powerful way of signalling to the

child that they are in a place of safety, which contributes to the child's overall well-being, another construct influencing foster care.

### Research on Dealing with Behaviours

The presence of boundaries and routines cannot of themselves instantly alter negative behaviours and so carers have to develop a repertoire of methods of dealing with them.

Fahlberg stated that: 'Discipline helps children stay within reasonable behavioural limitations and enhances self-esteem by helping a child meet expectations', as opposed to punishment which is 'usually initiated to alleviate the adult frustration' (Fahlberg, 1994:279). Because a LAA Child may have already been exposed to abuse or neglect, they are more vulnerable to it re-occurring, according to Biehal and Parry (2010) and Procter et al. (2012). This may occur either because of previous experiences of being abused which may make the child particularly difficult because they display highly sexualised behaviour or because of other people's attitudes towards them (Biehal and Parry, 2010). Hooper (2005) noted that disabled children seem to be particularly vulnerable to both physical and sexual abuse. Even though the foster home is meant to be a place of safety, Bray and Minty (2001) estimated that approximately 3.5 to 5 per cent of foster carers will have allegations of abuse made against them but Sinclair et al. (2005) found that maltreatment will only be confirmed in 3 per cent of those cases. However, Utting (1997) recommends that all allegations are recorded and investigated as studies in America by De Panfilis and Girvin (2005) indicated that multiple allegations against a carer were often indicative of acts of omission such as neglect or failing to respond to a child. Adult carers are not the only people in the household who may be accused of abusing the LAA Child; the foster carers' children and other LAA Children may also perpetrate abuse (Biehal et al., 2014). Although the confirmed incidences of abuse may be few relative to the number of children in foster care, the cases outlined in the Wakefield Inquiry (2007) and the Rotherham Inquiry (Jay 2014) indicate that when there is abuse, it can be of an extremely serious nature.

Even though maltreatment does occur on occasions in foster care, for some children, Bray and Minty (2001) noted that accusing their foster carers of abuse is seen as one way of exerting control over their situation. Pithouse and Rees (2015) reported that this is devastating for the foster carer, and can result in the removal of all children from the home, not just other foster children who may have settled in a long-term placement, as Biehal and

Parry (2011) point out. For the foster carer, who may have made ‘considerable investments in their relationships with children’ (Berridge and Cleaver, 1987:166), the fact of the allegation and the handling of the subsequent investigation may result in some carers giving up fostering. In view of the emotional impact on the carer, as described in the previous chapter, this should not be an unexpected outcome. However, Billings and Moore (2004) suggested that the definition of poor parenting is different for foster carers than for birth parents, as one carer observed:

*‘Saturday we all went to the beach, and...N. ran in front of a swing and I shouted “N!!!!”. And I turned to them and I’m like, ‘I’ve shouted at her! I am guilty, I’ve shouted at her’...But she stopped and looked at me and stopped’* (Frances:951).

It is in order to reduce the risk of actual abuse to the child or false allegations being made against the carer, that carers take what Piper et al. (2006) called a defensive position, for example, the carer will avoid being alone with the child in a room with a closed door and normal family shows of affection will be denied to the foster child (Pithouse and Rees, 2015; Piper et al., 2006). Although it is a safeguard for both the child and the carer, lack of touch can have a detrimental effect on the child, as experiments by Ardiel and Rankin (2010) prove touch is an important part of a child’s physical and emotional development. Ultimately, the practice of ‘safe caring’ for the child may result in the ‘inadequate caring’ of the child.

Dealing with behaviour within these constraints means that even the common strategy of ‘time out’ may not be suitable for use by foster carers as the child has to agree to stay in the place designated for ‘time out’. They cannot be physically placed there by the carer unless there are witnesses present, otherwise an allegation of physical assault may be made by the child. The majority of child management techniques are based on two premises; firstly, that the child has a normal ‘attachment’ to the parents and secondly, wishes to stay emotionally close to them by pleasing them, according to Herbert and Wookey (2007). Attachment is a theory regarding the closest of human relationships (Waters et al., 2005:81). It focusses on the interaction between an infant and the primary care-giver and was first theorised by Bowlby (1969). Positive, secure attachment is invoked by the non-verbal actions of the primary care-giver in sensitively meeting the needs of the infant and young child, particularly before language skills have been acquired. The empathetic attunement of the care-giver to the signals given by the infant, for example, noting how cries of distress differ from those of anger or hunger, coupled with correspondingly

appropriate actions, develops a trusting relationship which provides a sense of security and safety for the child. It is from this secure base relationship that the child is free to explore his/her physical and emotional environment, returning to the care-giver as needed to reaffirm the infant's sense of security and worth. When the parent distances themselves from the child by sending them to their room or employing 'time out' techniques, the theory suggests that the attached child will wish to alter their behaviour in order to regain that closeness to the adult. However, if the primary care-giver was consistently disengaged or did not respond appropriately as needed by the infant, a form of emotional abuse, this can lead to impaired self-capacities in the developing child (Briere, 2000; McCann and Pearlman, 1990). These impairments may be manifested by an inability to maintain a stable sense of self and difficulty in forming and sustaining relationships. Where the child has no attachment to the carer, the child may welcome the opportunity to be apart, in order to distance him/herself from emotional pain or emotional demands by the carer.

Accordingly, the behaviour which elicited the need for reprimand and consequences could be reinforced rather than reduced by time out techniques. Fahlberg (1994) states that another strategy that carers may employ with children who have sufficient self-esteem to believe that they deserve the good things in life, is that of rewarding good behaviour. But children who come in to care after having suffered neglect and abuse may not have that much self-esteem (Blower et al., 2004). As a result, foster carers have to find alternative ways of delivering consequences for poor behaviour, one of which may involve spending more time with the carer. Proximity to the carer allows for non-verbal interaction to take place, and promotes feelings of safety and containment in the child, as well as allowing the carer to show acceptance of the child if not the deed (Hughes, 2004). Heimlich and Ardoin (2008) advised that it is also important to acknowledge good behaviour and deliver praise when possible. Yet, in spite of the frequent and severe behavioural problems presenting in LAA children (Sempik et al., 2008), few carers receive any training in challenging behaviours and those that do will only have a limited amount according to Pithouse et al., (2004). Therefore, in spite of in-house consequences and supports, sometimes the placement starts to unravel. In 1999, Hill identified that:

Without planning or preparation for the ending of a difficult placement, where there is no end in sight, you tend to feel the strain more (Hill, 1999:329).

Ten years later, the same experience was recalled by one of the foster carers in this study (India). The definition of a breakdown or disruption is not necessarily clear cut as it depends on how long it was perceived that a placement was meant to last, but Rock et al.



(2013) declare there is evidence that difficult behaviour is a significant factor in inducing breakdowns, although not necessarily the only factor. But although the behaviour may be difficult to live with, a breakdown comes with a cost of its own. Disrupting one placement means that another placement has to be found, which has an administrative cost. There is also no guarantee that the next placement will be any more successful. Disruptions also have an effect on the child's ability to form attachments or bonds with their primary caregiver, which Pecora (2007) noted will affect their later development. Yet after a disruption, there is very often little support for the foster carers to come to terms with the trauma of the disruption (Taylor and McQuillan, 2014). In order to manage the behaviours of the child, knowledge of theories of trauma and attachment are needed by the foster carer.

### Research on Negotiating Relationships

The majority of foster carers are married or cohabiting (Kirton et al., 2003; Martin, 2006) and the general profile that emerges for this group is that they tended to be older than birth parents with children of the same age. Additionally, the make-up of the foster family tends to be more traditional, that is a two parent family where one is the primary wage earning partner (Nutt, 2006). The majority of foster carers owned their own house, which may be somewhat larger than average, and they are more likely to belong to a church or have religious or spiritual affiliations (McDermid et al., 2012). This profile accorded well with the carers who came forward to participate in this study. Although the carers' profile is what Sinclair et al., (2004:18) call a 'traditional' family, this does not imply that one of the carers is in a less dominant position than the other, though they may undertake different roles (Pithouse and Rees, 2015). The negotiation and relationship between carers and children provides the basic framework to the family dynamics.

### Foster Carer with Birth Child/Children

Usually the parents attend the preparation classes and it is expected that they will then convey appropriate information to their children. It is the Social Worker's role to ascertain the birth child's feelings about the prospect of being a foster sibling. However, a study by Younes and Harp (2007) reported that birth children felt that they had not been given sufficient information and preparation prior to the first placement. Birth children may feel the loss of parental time and attention and that 'their parent's involvement in fostering made them less accessible' (Hojer, 2007:78). Also, although carers are required to treat foster children as their own, this equality of treatment does not always apply in matters

pertaining to discipline. ‘Birth children...reported different expectations of behaviour and discipline for themselves and their foster siblings’ (Thompson and McPherson, 2011:56). This may be because foster carers believe that their own children have had sufficient benefit from their own parenting to be knowledgeable about the behaviour expected of them, whereas as a foster child may have had a different experience and so will need guidance in the rules and consequences of infringements in the foster family. However, this situation may lead to feelings of resentment from the birth children especially, according to Spears and Cross (2003), if it is perceived that more is expected of them and that their parents are being stricter towards them. Parental tensions with the foster child will also impact on the birth children; ‘Sometimes my son and daughter get annoyed at the way the [foster children] treat me. This causes difficulty,’ reported Sinclair et al., (2004:97). Hojer (2007) found that the difficulties birth children encounter tend to be coped with independently, whilst Younes and Harp (2007) noted that the child sometimes distances him/herself both physically and emotionally. This may reflect what Martin (1993:21) called ‘premature growing up’ where the birth child has to become more independent because the parent’s attention is concentrated on the foster child. Yet with all the negative aspects of having foster siblings, there were positive aspects too. Studies of birth children in foster homes have identified that the children themselves can articulate the benefits, which include a sense of personal development (Spears and Cross, 2003), making friends (Watson and Jones, 2002) and the sense of self-esteem which comes from helping others (Sutton and Stack, 2013).

#### *Foster Carer with Foster Child*

Any relationship requires the active participation of two parties therefore in order for the relationship to work the child has to be receptive to the overtures being made by the foster family. It may be that the child does not want to be in foster care, or once in care, does not want to be with that particular family. Also, children who have attachment difficulties, or fear that there would be too much of a conflict of loyalty to their birth parent may not want to make things work by committing to a relationship with foster carers, as Sinclair and Wilson noted. ‘He always wanted to be in a children’s home because he wouldn’t have to make any commitments’ (comment about a child, Sinclair and Wilson, 2003:875). This lack of co-operation or relationship may again lead to the breakdown of the placement.

### *Birth Child/Children with Foster Child/Children*

Once the foster child has arrived in the home, the birth and foster children have to negotiate their own relationship. Sanders (2004) suggested that an older female child is more likely to be nurturing towards the younger foster child, but generally relationships with 'foster siblings' mimic those of natural siblings. Sibling relationships are deemed to be important for the socio-cognitive development of children as siblings can 'become both effective companions and effective antagonists' (Dunn, 2013:2). A study by Hojer et al., (2013) indicated that the worst aspect of fostering for the birth children was the loss of personal space, privacy and the damage that may be done to personal possessions by mishandling or breaking, either accidentally or deliberately. However, incidences of violence towards property may become violence towards the person, either of the birth child or of the carer and where these do occur, as Hojer warned in 2007, they can lead to the breakdown of the placement.

Even when the placement goes well and the birth child of the family forges a good relationship with the foster child, Spears and Cross (2003) advise there is the potential for the foster child to disclose to the birth child some hitherto unknown details of their background. It should be noted that:

Undoubtedly children who foster are exposed very much more than most of their peers to areas of life which many parents would like to protect their children from: violence, sexual abuse, drug abuse, suicide etc. (Pugh, 1996:178).

In addition to exposing the birth child to a potential loss of the innocence which would be appropriate for their age, the act of disclosure places the birth child with the dilemma of confiding in their parents or trying to support the foster child by him or herself, as noted by Martin (1993), Pugh (1996) and Spears and Cross (2003). Pithouse and Rees (2015) recommend that since the birth child may feel overwhelmed by the problems of the foster child, s/he should be prepared prior to placement about how to deal with disclosures should they arise in order to protect him/herself. However, they also state that the presence of a birth child may act as a role model generally or even as a therapeutic tool in helping a foster child to moderate his/her behaviour.

For the majority of placements in foster care, the time will come when the foster child will have to move on, either back home, to a permanent placement or to independent living. When the relationship has been positive, birth children find it very difficult when the foster sibling leaves, reported Sutton and Stack (2013). Not only do they lose a companion, a

surrogate sibling, but there will be an impact on the dynamics within the family (Höjer et al., 2013). They may also have to make a quick adjustment to a new foster child arriving. These feelings of loss may be mitigated by the foster carer or birth child trying to maintain contact with the foster child. Since there is now a tendency for most children to be placed within their local area, so that schools and friendship bonds may be maintained, in theory there is no reason why there should not be informal contact between the birth child and the foster child. However, this is usually only possible with older children who are allowed a measure of independence outside the home or who can use social networking sites. With younger children it is more difficult as the (ex) foster parents and the birth parents or current carers must both be willing to pursue an acquaintance, outside the supervision or oversight by social work. In my Local Authority, the geographical distances and small number of foster carers make it difficult for relationships between children to be maintained once they have moved on. The reality is that:

Living and sharing lives with other people's children is often hard, marks out the carers' children as different from their peers and changes the dynamics in their family (Part, 1993:173).

### *Foster Children and their Siblings*

In Scotland, under the guidance of the Looked After Children (Scotland) Regulations 2009, it is stated that for siblings coming in to care '...where practical and appropriate... those children are placed with the same carer' (The Scottish Government, 2009: Part 2 (4) 5 (b)). There are two qualifications relating to that sentence; the first is 'where practical' and the second being 'and appropriate'. Sanders (2004) noted that the years of experience shared between brothers and sisters can create a common foundation and bond which they do not have with anyone else. The recommendation that children should be placed together was based on the recognition of this and the knowledge that when children came in to care, being able to stay in a placement with their siblings gave them a greater sense of safety in a strange environment. Also it allows the relationship between the siblings to be continued and helps maintain the child's/children's knowledge of 'their cultural, personal, and family histories' (Child Welfare Information Gateway, 2006). Schwenke et al., (2006) advised that placing siblings together promotes the emotional stability and well-being of the children which can be a protective factor against the placement breaking down. Evidence appears to show that there is a positive effect on post placement outcomes with improved rates of family reunification (Albert and King, 2008; Webster et al., 2005). Conversely, it appears that when siblings are separated there is a greater likelihood of placement

disruption, and failure to be reunited with family or progress on to adoption or permanency (Leathers, 2005; Courtney et al., 2005).

In spite of the beneficial effects of being placed with their siblings, and the recommendation that the the Fostering Network child entering care should be accommodated with his/her siblings, (2012) estimated that two thirds of authorities had to split children from their siblings. As Leathers (2005) explained, sibling groups may be larger than can be accommodated by one family. There may also be some difficulty regarding the composition of the sibling group as the children may be full siblings, half siblings, step siblings. Hegar (2005) cautioned that kin may come forward to accommodate the children who are related to them but leave the non-related children with social services. Also, not all children from one family necessarily enter care at the same time as concerns may be raised about one child but the others appear to be adequately cared for until more information or other circumstances come to light. James et al. (2008) found that entering care at different times increases the likelihood that siblings will not be placed together.

On occasions, however, it may be in the child's best interests to be separated from his/her siblings. One child in the family may have been singled out for abuse (scapegoated), with this pattern of behaviour being re-enacted by the siblings in foster care. There may be the sexual abuse of one child by a more powerful sibling or it may just be that the children have been constantly competing for affection and attention and that one has consistently lost. In these circumstances, it may be better for the children to be in a different environment (Child Information Gateway, 2013). However, when children enter care, it is unlikely all of the family dynamics will be known to the social workers. Since separation from siblings on entry to foster care has been described as being 'like an extra punishment, a separate loss, and another pain that is not needed' (Youth Leadership Advisory Team [YLAT], 2002), it is recommended that the individual children are consulted in each given situation (Hindle, 2000).

#### *Foster Child/Children with Birth Parents*

When a child is admitted to care, the aim will be to ultimately reunite parent and child if feasible as:

The purpose of foster care is to provide a temporary safe home for a child because his or her parents are unable to do so, with the eventual aim of

returning the child successfully to the family of origin (Browne and Maloney, 2002:36).

Therefore, during a child's accommodation in foster care, contact with birth parents and other significant people in the child's life will take place in order to maintain the child's sense of identity and belonging as 'no person should be cut off from their origins' (Triseliotis, 1973:166). Winter and Cohen (2005) write of the impact of not knowing about one's birth family, has for the child in adulthood. Recent research by McWey et al., (2010) indicate that children who continue to have contact with their mother exhibit lower levels of depression and anti-social behaviour, reinforcing the need for contact. The ratification of the United Nations Convention on the Rights of the Child (hereafter UNCRC) 1989, and the passing of the Children Act (H.M. Government, 1989), the Human Rights Act (H.M. Government, 1998), the Adoption and Children Act (H.M. Government, 2002) and the Adoption and Children Act (Scotland) (H.M. Government, 2007) all support the provision of contact. For babies and infants in particular it is important that there is sufficient close contact allowed for attachment either to take place or to be maintained, with a recommendation of daily visits for infants and every two to three days for toddlers (Ohio Caseload Analysis Initiative, 2005:14).

Contact also allows the parents to demonstrate their parenting skills and capacities, therefore contact may be supervised so that the parenting capacities of the parents can be assessed. However, supervision may be provided by social work assistants, by an outside agency or by a foster carer but in the absence of a structured framework for assessment and adequate preparation of those supervising the contact, it is 'less clear how social workers structured this information to feed into assessment of the feasibility of rehabilitation' (Sen, 2010). Supervision may also be required when there are concerns about the safety of the child during contact. It was the experience of one of the carers in this study (Georgia) that, during contact, the parent would try to have secret conversations with the child, which distressed that child. Danger may also come from the actions of the other children and the parents failing to protect a particular child. The parent's ability to protect the child in these circumstances demonstrates a willingness and capacity to provide 'good enough' parenting. However, when the parent is unable or unwilling to protect one child and the supervisor sees his or her remit as one limited to observing the family interaction, the child's safety is compromised. The dilemma of if, how much, and when a supervisor should intervene at contact was highlighted by Forsberg and Pösö (2008), but when this confusion occurs, the unprotected child can be abused even during a supervised contact.

Even when contact is positive and non-abusive, it may be distressing for the child both before and afterwards. No matter the circumstances of the child's entry to care, the parent represents the only life the child has known to that point and the separation may cause extreme distress and anxiety (Goldsmith et al., 2004:2).

#### *Birth Parent with Foster Carer*

Even though the carer may not be present at contact, if a child is placed with them for any length of time, it is inevitable that the carer will meet the birth parents. This interaction may raise issues for the foster carers. The act of bringing a child in to care is a very public criticism of the parenting that the child is receiving in the birth home. Sometimes, in order to boost their own self-esteem, the birth parent will try to assert their rights over the day to day care of the child, or try to undermine the acts of parenting that the carer is trying to provide. Every contact between the child and the birth parent may result in an allegation, true or false, against the carer or there may be verbal abuse or threats towards the foster carers, as recorded by Murray et al. (2011). There is often an increase in a child's difficult behaviours around contact, sometimes due to excitement or dread beforehand or the acting out of mixed emotions afterwards. Carers have to deal with the child's disappointment when parents don't attend contact and the child's pain if abuse, emotional or physical, re-occurs during the contact. Whilst plans for the child's future remain unclear, the foster carer has to support the child's relationship with the birth parents no matter the reason for the child's entry to care. As part of this, the carer may have to continue to explain to the child why s/he is in care and why they cannot return home at this time in such a way as to not demean the birth parent. Later, the carer may be asked to become involved with the parents prior to re-unification. Again, regardless of the carers private feelings or emotions about the birth parents, the carer is expected to behave courteously and objectively towards the birth parents, yet there is little preparation for this role initially or support in learning how to interact effectively with the birth parents whilst managing the carer's own emotions. Jones and Morrisette (1999) identified the relationship between foster carers and birth parents as one of eleven major categories of stressors for foster carers, a finding subsequently confirmed by Murray et al. (2011).

#### *Foster Carer with Social Worker*

Even with the stress inherent in dealing with birth parents, relationships with all the above agencies are relatively clear cut with recognisable roles designated to each participant, that is partner/husband/wife with partner/wife/husband, parent to child (birth or foster), sibling

with sibling (birth or foster), child with parent (birth or foster), parent with outside agencies such as school or medical professionals. The most ambiguous relationship however, is that between the foster carer and the social worker. Social workers have a formal route of entry in to the system and a recognised qualification that permits them to practice. They receive a salary, paid holiday entitlement paid sickness leave and a public sector pension when they retire. They are contracted to work a 35 hour week but they may be required to do overtime in the event of a child protection crisis, or in order to accommodate meeting with clients outside regular working hours. They will also have to be part of an 'on call' rota. However, once they have finished their duties for the day, their private lives are their own in so far as is commensurate with the Social Work Code of Conduct whereby the social worker undertakes to:

Act at all times in accordance with the values and principles of the profession and ensure that their behaviour does not bring the profession into disrepute (British Association of Social Workers [hereafter BASW], 2012:10).

This is similar to the entry routes and personal standards required by recognised professions and as such social work is now accorded the status of a profession.

In contrast, the knowledge base of a foster carer is that of life experiences so each carer comes with different standards, and approaches to child care. The formal route in to fostering is by attending the preparation groups, being assessed by a Supervising Social Worker, and that assessment being ratified by a Matching and Approval Panel. Although the process may be lengthy, the actual contact time between the Agency and the potential foster carer is minimal. In this Local Authority preparation groups take place over two weekends followed by up to six interviews with the Assessing social worker. Historically, foster carers were drawn from the lower working classes, because, as George (1970) stated, '...it was thought essential for boarding out supervisors [now Family Placement Social Workers] to be of a higher social class than foster parents' (Jackson, 2001:29), so creating a hierarchical system. As foster care became the placement of choice, the pool from which foster carers were drawn became wider and now includes all backgrounds, eliminating a hierarchy based on class. However, since there is no recognised academic or professional qualification required to be accepted as a foster carer, the hierarchy may now be seen in terms of professional status. Carers are seen to require guidance, training and supervision by social workers. As such, foster carers can experience a situation where they are told



what to do by social workers who the carers feel are less experienced in parenting. This treatment of foster carers as lacking in knowledge and skills appears not to be uncommon:

Eunice: The other thing you were talking about was the system. I think the biggest thing that is lacking is the mutual respect from the system to us. I would like to be respected as a parent. A couple of comments have been made about workers coming in, telling how to bring up a child. I have workers who are younger than my own children, my boys, telling me how to look after children - which needless to say, I take a little bit of affront to... (Children in State Care Commission of Inquiry, 2007:66).

Nutt (2006) also noted that expertise and knowledge is seen as flowing in a hierarchical way from workers to carers, even though carers felt that workers could learn some things from them. There are other anomalies in the attitude of social workers to foster carers. Thomson (2007:341) found that workers expected carers to be child centred, with altruistic motives for becoming foster carers. As such, there is an expectation that there should be no financial reward for looking after children, indeed some social workers express disapproval when foster carers submit legitimate claim forms for expenses (Thomson, 2007:341). This is in spite of the fact that foster carers are predominantly drawn from two parent families where there is only one full time worker (Sinclair et al., 2004). Generally 30% of foster families fall in to this category although in the wider population only 8% of families do so (Pithouse and Lowe, 2004; Sinclair et al., 2004). Social workers do not, however, explain how these families are to fund the estimated £230,000 (Liverpool Victoria 2015) cost of raising an extra child from birth to 21 years, nearly £11,000 per child per year.

In order to give LAA Children nurturing within a family home, ideally foster carers form a relationship with the child. However, it is expected that the foster carers will terminate their feelings on demand when the child returns home or moves on to a different placement. Where the carers are unable to dismiss their feelings so readily, they may turn to social services for support, leading some social workers to consider 'carers to be overly demanding of their time and attention' (Triseliotis et al., 2000:338). Farmer et al. (2005) noted that for foster carers, the emotional strain of looking after other people's children is seen as being increased by difficulties in the relationship with social workers. In a survey conducted in Canada by Rodger et al. (2006), dissatisfaction with the children's agencies in terms of communication, involvement in decision-making and in perceived status caused greater difficulty for the carers than the experience of parenting the children. Carers are expected to behave in a professional manner, operating 'within the framework of confidentiality, equal opportunities and anti-discriminatory practice' (Local Authority

2012:5) yet they are not accorded the status of either professionals or colleagues.

Thomson noted that:

The uneasy status of foster carers somewhere between the role of volunteer and colleague inevitably gives rise to role confusion and difficulties for both carers and workers (Thomson, 2007:343).

Where there are no recognised formal relationships, there can be no protocols to follow and boundaries may be breached leading to unprofessional behaviour:

*'She [the social worker] told the children "just phone anywhere you want, anytime, the department pay for their phone" ' (Ellon:881).*

Apart from the inaccuracy of the statement that the '*department pay for their phone*' there are issues in any family about allowing a young child unlimited access to a phone. In addition, if a child is on a 'place of safety' order, phone calls need to be untraceable as unlimited access to an abusive or emotionally unavailable parent may not be in the best interests of the child who is being Looked After.

The most successful relationship between foster carers and social workers appears to be with the Link workers. Link workers, sometimes known as Support workers or Supervising social workers are seen to be responsive to carers' needs for information, attending support groups, providing support at meetings and liaising with the child's social worker (Murray et al., 2011:154). The success of this relationship may be due to a clear understanding of the role which each occupies. In conclusion, the theoretical constructs identified as underlying negotiating the diverse relationships in foster care are attachment, resilience, needs and well-being, society and professionalism.

### Research on The System

The structure and organisation of social services influences placements from the initial decision as to whether needy children are admitted in to care or supported at home, to the number of children in a single placement, to which carer the child is allocated, and the subsequent management of that placement thereafter. Walker explained that:

Services for looked after children are best understood as complex social phenomena, concerned with the very practical business of caring for children, but whose operation and effectiveness are also deeply influenced by trends in both wider society and how social work services are delivered (Walker, 2004:24).

According to Fulcher and McGladdery (2011) there are at least five different trends and policies which have shaped the operation of social work in regard to foster care. It has been argued that the primary foundation of social work, when the mandate for intervention

was that the child was ‘at risk’, placed a medico-legal emphasis on incidents and episodes, leading to short term decision-making (Stevenson, 2000:11). Other trends have included the promotion of strengths in order to reduce dependency, enhancing resilience, a focus on permanency planning, increased family participation in the decision making and finally, the push towards management accountability. As part of that accountability, service providers must achieve the outcomes pertaining to specific policy targets, as outlined in Every Child Matters (H.M Government, 2005) in England and Wales or Getting It Right For Every Child (The Scottish Government, 2005) in Scotland, in order to secure government funding (Fulcher and Garfat, 2013). The Children and Young People (Scotland) Act 2014, places a responsibility on all parts of a local authority and other relevant agencies, to promote the welfare of Looked After and Accommodated children and young people, using the term ‘Corporate Parenting’ (The Scottish Government 2014b). As part of that Act, children and young people are entitled to stay in their care placement until they are twenty-one years old, rather than at the age of sixteen. The role of kinship carers is to be supported, and the role of the Children’s Commissioner is to be strengthened. These provisions were introduced in April 2015. These different trends may account for the perception of the carers, that there are fashions in social work where the child may be returned many times or only once; that the parents’ rights outweigh those of the child and that finances are being used to support the parents in the home rather than the child being placed in care. One carer in my study expressed her bewilderment:

*‘We’ve had experiences...that you say to yourself, I can’t understand the social work and yet...we’ve always had good social workers’* (Ellon:1287).

Whether or not social workers are ‘good’ or ‘bad’, it is their responsibility to initiate the records when a child first comes to the attention of social services. The purpose is to record the presenting issues, the assessment which was made of them and the resulting actions taken. This allows any social worker to understand the decisions and actions that have been taken on the child’s behalf, and should enable an accurate assessment of the situation. The records are also a legal requirement (The Scottish Government, 2009:3.3.a) and may have to be produced in a court of law (The Children’s Hearings (Scotland) Rules, 2013). All of the foster carers in this enquiry usually received children as emergency placements, and as such, accepted that the paperwork which accompanies any bureaucracy may initially be incomplete. Currently a foster carer should expect to receive the Universal Child Assessment, Essential Core Record and Placement Agreement, Foundation Risk Assessment and Health Record (Local Authority Foster Carer Agreement, 2015:4a (ii)).

The Essential Core Record and Placement Agreement contains the names and addresses of the child, the social work team and the foster carer along with information on the placement type and specifics about the child; ethnicity, religion, first language, legal and protection issues. A box is available on the form for information about bedtime, personal care, mealtimes, special comfort objects, likes and dislikes. However, it is unlikely that in a crisis situation, the social worker will have the opportunity to obtain this amount of information from the parent. Medical information is to be found on page 8 of the Core document but the carer's priority will be to care for the one or more distressed child/children who have just come in to the home. Possibly critical information regarding health will not be noted until the children are settled and maybe asleep, which is usually when the documentation is read. This may delay the administration of medicines even if the health section has been completed. The Foundation Risk Assessment form runs to eight pages and covers Risk to Self, Risk to/from others, Risk from the Environment, Summary of Risk, and a Summary Analysis of the child/young person's world. On receiving the child and the documents, the carer is meant to sign that they agree to comply and to co-operate with all the arrangements made by the Local Authority for the child. But in spite of the amount of paperwork that is generated when a child comes in to care, there is no official paperwork ever required from the foster carer. A loose-leaf folder is issued to the foster carer containing a pre-printed layout for reporting incidents. A diary is also issued to record daily events, as it is recommended that 'Records should be created at the time of the transaction or incident to which they relate, or soon afterwards, by individuals who have direct knowledge of the facts' (The National Archives, Module 4:6.2). This is in order that the records can be deemed reliable and their contents

...trusted as a full and accurate representation of the transactions, activities or facts to which they attest and can be depended upon in the course of subsequent transactions or activities (International Organisation for Standardisation, 2002).

In addition to the folder and diary, the carer is sent a form prior to LAAC Reviews asking for an overview of the progress of the placement, but there is no mandatory requirement that this should be filled in. This progress report is to be handed to the Link Worker some days before the review and copies are then made available to all present at the review, including the birth parents. The summary nature of the report provides a snapshot of the current situation but these reports are never included in subsequent reviews therefore no assessment can be made as regards progress or deterioration within the placement (Fulcher and Garfat, 2013). As all information regarding the child is passed from the foster carer

through the filter of a social worker, Children's Hearing Panels and Reviews receive an incomplete picture of the child in question. Although carers may be invited to give verbal reports at meetings, the verbal report has no legal standing and cannot be taken in to account when the Children's Hearing Panel makes a decision about a child. It could be argued that a requirement to maintain official records is an intrusion on the family life that foster care is meant to provide, and if written documents may be challenged in court, foster carers may be nervous about committing their observations to paper. But with no avenue for foster carers to officially communicate with the System other than verbally through the third party of a social worker, the 'voice' of the foster carer is muted, can be distorted or even ignored: '*...they wouldn't listen, just wouldn't listen*' (Georgia:156).

There are other factors in the social work ethos which compound this situation. Daniel et al. (1999) and Gilligan (2009) have written about the stigmatising effects of labelling a child's behaviour. For example, using ADHD (Attention Deficit Hyperactivity Disorder) and/or the interventions which are prescribed, such as anger management techniques, sets the child apart from his/her peers. It is felt that the use of these labels does not contribute much to the assessment of care and educational opportunities the child receives, or in the planning for the child's future (Fulcher and McGladdery, 2011). The reluctance to 'stigmatize' the child and the foster carer's lack of independent access to specialist services creates a system where, again, the foster carer's concerns can be ignored. In addition, the absence of a 'voice' or official documentation regarding difficulties in placements or notes about challenging behaviours, allows the system to dismiss the foster carer's difficulties as being due to a lack of competence, a lack of understanding or a lack of empathy.

There is a tendency for those in positions of power to regard the less powerful as less sensitive, less emotionally developed and lacking in complex imagination. Such attitudes allow the powerful to exploit and abuse others without shame, pity or guilt (Ben-Ze'ev, 2000:109).

The result is that when carers state that they cannot cope with a particular child, the surface solution is to try a different placement. Payne (2010:246) has described social work as 'under-theorised' and inadequately researched, which means there is the risk of 'unsystematic eclecticism' (Fook, 1993:10) and 'using theory inappropriately and uncritically in our work' (Bell, 2012:210). The lack of an expressed ontological basis (Parton and O'Byrne, 2000) and competing paradigms has led to a situation where social workers are expected to become '...competent technicians, able to administer surface solutions' (Walker, 2004:9), rather than professionals who can skilfully address the

underlying needs of their clients and assist foster carers to manage poor behaviours. This situation has been compounded by the drive towards targets and accountability, which has resulted in a requirement for goal planning and Care Plans to meet specific objectives. The implementation of the Integrated Children's System (ICS) in England and Wales from 2004 was another reflection of:

The view that social work can be industrialized, and that the problems that were graphically highlighted by the Victoria Climbié and Baby P tragedies can be solved simply by statistical reporting and local micro-management (Ince and Griffiths, 2010:13).

Yet the skills and knowledge required to plan care for children in foster care 'have not been traditional features of the professional curricula on qualifying courses for social workers' (Fulcher and McGladdery, 2011:25). In 2008, Steve Goodman, the Deputy Director of Children's Services for Hackney complained that social workers currently are not trained properly 'to do this complex job well,' as reported by Bennett (2008:11). In addition, once in post, the newly qualified social worker is usually left to acquire their specialist skills in care planning and the supervision of foster carers through 'in-service or apprenticeship training where the social worker learns on the job' (Fulcher and McGladdery, 2011:23).

The drive towards management efficiency further excludes foster carers from being active participants in the system. Everyday life within a family home is not easily translated in to a standardised process, emphasising a boundary between carers and social workers. Aakvaag (2012:289) stated that 'every clearly defined unit... exists by maintaining a limit between itself and the surrounding world', but Churchman (1971) had pointed out boundaries could be conceptual or social constructs which 'mark the inclusion or exclusion of stakeholders, people and issues' (Richardson and Midgley, 2007:169). In Small Group Theory for Analysing Complex Systems, a group is composed of '...agents, goals, tasks, tools and communication channels' (Sutcliffe, 2008:2). Within this theory, tools are not just technical instruments but also the 'collective knowledge, i.e. shared strategies, procedures and norms which are important ingredients for teams and crews' (Sutcliffe, 2008:2). Since foster carers are not part of the communication network within the system, they cannot be regarded as members of the team and so have no input in determining the goals and the tasks demanded in regard to the child/children. Within the system, foster carers are 'neither acknowledged as responsible parents nor treated as responsible professionals' (Sinclair et al., 2000:233). Foster care becomes a location, as evidenced

from the language, 'placement' or 'place of safety'; *'It's just a vacancy! You've got a spare bed and you've got the room'* (India: 962). In order to cope with the situation, foster carers may use or develop a network of supportive relationships. The over-arching themes in this narrative are the constructs of professionalism, included in which are the theory of organisations and their function.

### Research on Support Networks

Murray et al. (2011:149) wrote of fostering having a 'high burden of care', beyond the normal experience of parenting because of the 'high levels of impairment across multiple domains, largely as a consequence of early maltreatment and deprivation'. Maclay et al. (2006) added that there is also the pressure which comes from being constantly scrutinised by social workers, agencies or the biological parents and from not knowing for how long the placement will last. Therefore in order to care for the child or children, it has been identified that foster carers need support over and above that which comes naturally from family and friends. Since foster care is mandated by the State, 'professional support is a proper expectation of those undertaking a professional role' (Sinclair et al., 2004:79). Another justification for the provision of formal support is that it will positively affect the recruitment and retention of foster carers (Shuker, 2012). Nixon (1997) explained that support comprises various elements within practical, professional and psychological domains. Aspects of practical support include financial remuneration, obtaining specialist equipment if necessary, organising respite care, giving access to a 24-hour phone help-line and legal assistance when required.

The process of providing professional support starts before a person is approved as a carer. Whilst the Family Placement social worker is conducting interviews with potential foster carers, there is the opportunity for a supportive but potentially dependent relationship to develop. Newly approved foster carers will rely heavily on Social Services as the hope of looking after the child/children becomes a reality (Maclay et al., 2006). Murray et al. (2011) state that Family Placement social workers are seen as being helpful and available by providing regular contact and acting as liaisons between the foster carer and social services. The provision of study days is seen as another form of support particularly when the topic concentrates on the aetiology, understanding and management of difficult behaviours, according to Hudson and Levasseur (2002). But there are boundaries to the support that can be offered by social workers. Inequality in the relationship between foster carer and social worker is built in from the beginning in spite of the emerging perception

that foster carers should be regarded as equal stakeholders in the care system (Murray et al., 2011). Although the lives of foster carers are known in intimate detail to the Support Workers, there is no reciprocal information. There is no information about the qualification(s) the social worker holds, how much experience they have, whether they are single, married, in a partnership or whether they have children or not. This leaves the carer uncertain as to whether the social worker has any understanding or lived experience of the daily stresses of living with children, and in particular, children who have been damaged by their past experiences. One carer in my study explained:

*'Because people don't understand unless you're doing it yourself...You really notice the difference when you've got a difficult child, I don't feel they understand'* (Georgia:354).

Therefore for foster carers, the relationship with social workers is a working one but it is not necessarily a completely trusting one. One carer felt that *'We can't turn round to them and say "we're having a grey, bleak day"'* (Honor:438) as there is concern that the children might be 'removed from their care if they were perceived to be "not coping" ' (Murray et al., 2011:154). When carers do ask for help, the response may be inappropriate or inadequate (Murray et al., 2011:154) which will further undermine the carers' confidence in the support that social workers or the service can offer. As one carer in my study stated, *'We sometimes don't get what we need; you've just got to muddle through'* (Connie:82). Tarren-Sweeney (2008) noted that accessing specialist support for the child/children is seen as being another concern.

*'I think if need be, we should have any professional body that we think we should need for a child, we should have access to them without big rigmaroles or waiting a year to see somebody'* (Connie:78).

The perceived lack of support from Social Services and difficulties in accessing specialist parts of the system 'echo across the findings of qualitative and quantitative research' (Maclay et al., 2006:31). However, Edwards (1980) suggested that 'the stresses of foster care are too great to be managed by the professional support services' (Nutt, 2006:14). Swain (2006) declared that support is particularly needed when an allegation is made against a carer as there is often a lack of communication at this time. Foster carers may find that '...social worker responses were inconsistent and often outweighed the seriousness of the allegation' (Murray et al., 2011:154).

In order to cope, Sinclair et al. (2004) suggest that the foster carer needs to develop a support network out with the formal provision supplied by social services. Seaberg and



Harrigan (1999) identified that interaction with other foster carers is a necessary part of psychological support, particularly when the carer is struggling. One carer recalled:

*'You think that you're an individual and nobody else is suffering this and you know it is a...support (Frances:1654).*

Being able to speak freely about the children in their care enables the foster carer to access the general knowledge of the other carers and it may be that the other carers may know of the family or have already looked after one of the children. Even if they haven't, they may have come across similar situations and be able to offer advice. But developing a relationship with other carers can be difficult. In Scotland, only 35 per cent of carers were regularly involved in the support of other carers (Maclay et al., 2006:30). The study days can act as a venue for carer interaction but this is not seen by Social Services as their purpose:

*'We go to the courses to see everyone but generally we're sitting doing or listening to other material and we're not getting the chance to talk to each other really' (Honor:78).*

In addition, the presence of social workers reduces the likelihood that meaningful contact, which is necessary to build relationships, will take place amongst the carers (Maclay et al., 2006). It has been suggested that some meetings should be conducted entirely by foster carers, an idea which has been expressed elsewhere (Triseliotis et al., 2000) but which has not as yet happened in this Local Authority. Eventually, over time, foster carers begin to build up their own network of contacts and services for the child/children. The most valuable support, however, comes from family and friends; indeed, 'support from families and relatives seem particularly crucial' (Sinclair et al., 2004:1403). This support for the foster carer becomes essential when the placement is coming to an end and the child leaves. The over-arching concepts associated with this analysis are those of well-being and professionalism.

### Research on Saying Goodbye

In many ways, the process of leaving starts as soon as the child comes in to the placement by the carer being truthful about the intended outcome; *'we always speak about when you go away'* (Alice:664). However, if the relationship with the carers has been a good one, then moving to a new environment, however ideal it may appear to be, will still be accompanied by feelings of loss by both the child and the carers, as noted by Pithouse and Rees (2015), even if the child 'may simultaneously be more excited than apprehensive about [the move]' (Fahlberg, 1994:197). Models of grief and loss (Parkes, 1972; Kubler-

Ross, 1973) indicate that the first reaction is likely to be denial and fear of the new situation, particularly with children who have already experienced loss (Browning, 2015). Fahlberg (1981) advised that honest and realistic communication allows the child to express their hopes and fears and begin to reach acceptance. Parkes and Weiss (1983) caution that where it is difficult to accept the reality of a situation, the grief reaction can be more prolonged. This increases the risk of depression and functional impairment (Melham et al., 2013), but with appropriate preparation, Robertson and Robertson (1971) found that children can adjust to separation from caring and significant adults.

As 'it is common in our culture for there to be rituals signifying when an individual is leaving' (Fahlberg, 1994:192), the farewell dinner, at which friends and foster family are present, and the giving of presents communicates to the child that s/he was well regarded in the foster family, but that everyone accepts that a new phase of the child's life is beginning (Roberts, 2011). Nevertheless, for both the carer and the child, this departure will be one of many losses that they will have both experienced. Much is made of the attachment needs of children, particularly of those in care whose development in this area may have been stunted by their previous experiences. When a child has a carer who is sensitive, emotionally available and supportive, the child may build a more positive working model of themselves (Bretherton et al., 1990; Bowlby, 1969). However, the process of building attachment in any child requires not only the physical meeting of needs but an emotional engagement with them by the adult. Therefore, the task for the foster carers becomes to knowingly give unconditional care, and possibly love, on a time limited basis, not once but throughout their fostering career (Triseliotis et al., 1995; Buehler et al., 2006; Pithouse and Rees, 2015). However, it is assumed that for the carer, they have chosen to 'lose' the child, and so the emotional impact on the carer is not recognised as requiring support or sensitivity, as noted by Thomson and McArthur (2009), Roberts (2011) and Riggs and Willsmore (2012).

The feelings of loss can be exacerbated by the decision making process which took place prior to the child leaving the home. In looking after, and potentially loving the child, the carer is concerned for the future, yet usually has no input into the decision making for the child (Roberts, 2011). Carers are often unaware of the legislation that requires Social Services to work with parents with a view to rehabilitation wherever possible (Pithouse and Rees, 2015), and to the carer, it seems that 'Social services are biased in favour of natural parents, however much damage they do their own children' (Wilson et al.,

2000:201). This is in spite of the fact that for the children, ‘on balance, however, most did not want to go back home’ (Sinclair, 2004:27). This does not necessarily mean, however, that the children wish to lose contact with their parents, merely that they don’t wish to live with them. When children are returned to their parents, there is no guarantee that the return will be successful. It has been found that approximately one-third of children re-enter care within six months of re-unification and two-thirds will return to care at some point in the following four years (Biehal et al., 2015). However, the child is unlikely to return to his/her former carers as due to the pressure on the system, the carers may have already have had another child placed with them (Sinclair et al., 2004). This is distressing for both the child and the carer, but particularly so if the carer had disagreed with the plan for the child in the first place (Sinclair, 2005).

When children leave the foster home, it is known that a number of foster children would like to maintain or have some contact with their previous foster carers (Sinclair et al., 2005) but this may be difficult to achieve and often does not happen. However, sometimes, carers provide emotional support for the children who have been in their care through to adulthood, and this may validate the emotional connection forged during the time in foster care (Riggs et al., 2007). Usually, though, for the carer, job satisfaction has to come from within the carer’s own belief and value system as there is no mechanism at present for follow-up over individual placements or formal reflection with the child’s social worker or the carer’s family placement worker; nor is the foster carer given any information about how the child is progressing, once they have left. The over-arching themes of attachment, caring and love are evidenced again in this analysis, emphasising the emotional labour involved in fostering.

### Research on Personal Feelings

The sense of altruism that motivated the foster carers in this study is similar to those in previous studies in that the carers had enjoyed their experiences with their own children and wanted to continue having that enjoyment as noted by Andersson (2001), Isoma’ki (2002), and MacGregor et al., (2006). Buehler et al., (2003) noted that foster carers were concerned about children, and according to MacGregor et al., (2006) wanted to help them. Buehler et al., (2003) added that this was sometimes motivated by a spiritual dimension. The foster carers also believed that they had some skills that they could offer (Triseliotis et al., 2000). Previous studies indicated other reasons for fostering such as for the benefit of the biological children (Isoma’ki 2002; MacGregor et al., 2006), and where the carer had

personal knowledge of foster care either through having been in care themselves or having had foster siblings as a child (Baum et al. 2001; Pithouse and Rees, 2015). However, these expressed reasons for becoming foster carers give little indication of the depth of commitment required. Altruism, ‘the ultimate goal of increasing the welfare of one or more individuals other than oneself’ (Batson, 1994:606) may impel a person to become a foster carer, but in order to do so, there has to be a perception of need. For the foster carers in this study, all of them believed that they would be able to significantly help the children, but:

Altruism alone will not motivate helping if, for example, such help seems unnecessary, insufficient, or counterproductive for satisfying the goal of improving other-welfare (Farsides, 2007:475).

The perceived neediness of the children provides the initial impetus to become a foster carer (Batson, 2008). Once approved, the carer will be asked to look after a child and some initial information will be given about the child’s circumstances. This initial information about the child’s history may engender a compassionate response in the carer. This compassionate response, which is ‘...a form of caring, even if at a distance’ (Solomon, 1999:99) predisposes the carer to form a bond with the child. Once the bond has been formed, the more likely it is that the carer will accept or tolerate the child’s behaviours, in the belief that they can contribute positively to an improvement in the child’s welfare. Farsides (2007:475) explained that the more people care for the other, the less ‘extra’ reward and the more punishment they will put up with in order to promote the other’s welfare.

Ideally, once a child or children has been placed, the carer will notice an improvement in the child’s well-being (Batson and Weeks, 1996). However, although it may be desirable, or even necessary, for emergency and short-term foster carers to develop a caring relationship with the child/children, they are also expected to have contact with birth families. This adds a ‘new, difficult, and often stressful dimension to fostering’ (Hudson and Levasseur, 2002:856), due to aggression by the birth parents, the impact on the behaviour of the child and the practices of social services in prioritising the demands of the parents (Austerberry et al., 2013). Even though the foster carer can understand and wish to promote the reunion of the child/children with their birth family in the abstract, the stress of the reality can lead to conflicting emotions. By identifying with the occupational role (Rorty and Wong, 1993), a carer is not allowed to openly express his/her feelings about the care the child has received in the birth home (Roberts, 2011), nor about the parents who

may have inflicted unimaginable suffering on the child for whom the carer has come to cherish. Munro (2011) advises that support from the Supervising Social Worker and reflecting on the experience critically can permit the carer to view it from various perspectives, and may give the carer the opportunity to move towards acceptance of and learning about the situation.

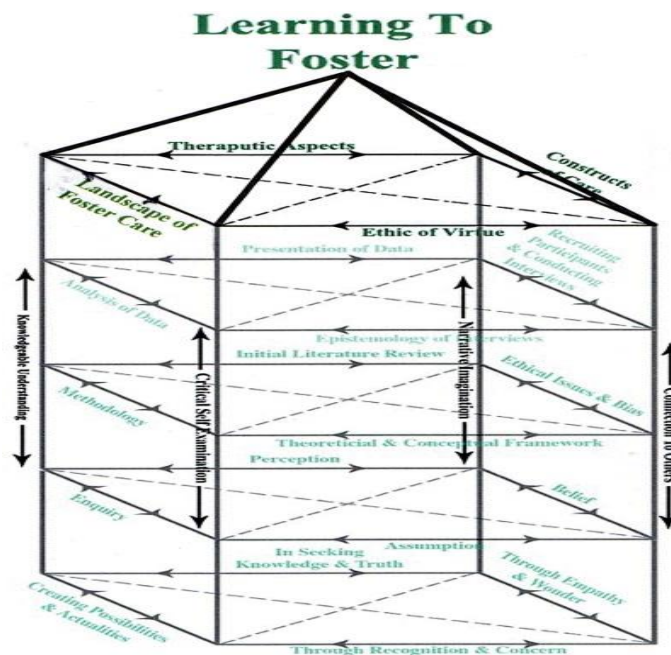
It may be easier for short term foster carers to come to terms with the separation from their foster children as '*...when you're doing it for a short time, you have to be hard or else you would wear yourself out.*' (Juliet:101). Short term carers recognise that they will have to develop relationships with numerous foster children over the course of their career and it is for this reason that many see themselves as providing a professional foster care service, as Isomaki (2002) explains. This is in contrast to long term carers, who, with a limited number of foster children over an extended period of time, come to regard themselves as parents (Riggs et al., 2007, 2009b; Blythe et al., 2012). But short term can last anything up to three years and as the carer is providing 24 hour care for the child within their own home, it is not unusual for the carer to become attached to the child/children (Broady et al., 2010). The arbitrary imposition of a time scale does not reflect the dynamic realities of caring for a vulnerable child.

Should a placement be disrupted due to an allegation or an allegation is made by a child against a carer after a placement is ended, there will be a proportionate reaction to the emotional investment made by the foster carer in to the relationship (Sinclair et al., 2004; Biehal and Parry, 2010; Pithouse and Rees, 2015). Briggs and Broadhurst (2005) caution that the suffering of the foster carers can be exacerbated by Local Authority practices. For example, at the time of these interviews, the Local Authority Social Services had no mechanism in place to differentiate between an allegation, which usually requires police intervention, and a complaint, which can be dealt with within the department. In striving to safeguard the child, there appeared to be no judgement made as to the accuracy or seriousness of the allegation or complaint. In 1987, Berridge and Cleaver found that 'departmental response lacked sensitivity' (Berridge and Cleaver, 1987:166). Once the investigation is complete, if the allegation or complaint is not upheld, there is often little acknowledgement of the upheaval or suffering which the carer may have endured (Biehal and Parry, 2010). Concepts of caring, love, well-being and resilience are evident in this analysis.

In conclusion, in this chapter, I have examined published research in relation to the themes which I had identified from the narratives of the foster carers. I was able to explore different dimensions of fostering, and in doing so, began to understand the pressures, constraints and limitations of present practice. However, in becoming more 'knowledgeable' about these aspects of foster care, further questions are raised regarding the moral, political and legal landscape of fostering, the personal positioning of my role, how that equates with current constructs of care and the potential therapeutic contribution of non-specialised foster carers. I shall turn to these issues in the next chapter.

## **CHAPTER FIVE: QUESTIONS ARISING**

In the previous chapter, I explored the foster carers' narratives in relation to current research. Over-arching themes of needs of children in care, trauma, attachment, resilience, well-being, care, relationships and professionalism were identified and form the basis of understanding the practice of foster care. However, in becoming knowledgeable about the practice of foster care, further questions were raised regarding the place of foster care in the system of provision of support for vulnerable children. This is explored in the section titled the Landscape of Foster Care. Following on from this exploration, I return to a critical self-appraisal of my practice by articulating an Ethical Basis for Foster Care. In structuring the chapter in this way, I move from the 'knowledgeable understanding' of foster care, which formed the basis of the previous chapter, to the 'critical self-examination' of the performance of my role. In Constructs of Care I then make the connection between my personal motivations and understanding, other foster carers and a wider society. Finally, I explore the ways in which foster carers 'make a difference' in the lives of LAA children using theories of needs, trauma, attachment, resilience and care. By concluding the chapter in this way, I answer my research question 'what is it that foster carers do and how can they "make a difference" in the lives of Looked After and Accommodated children'? This new knowledge provides the foundation for Learning to Foster in the final chapter.



**Diagram 6: The Landscape of Foster Care and Learning to Foster**

## The Landscape of Foster Care

The provision of foster care arose from society's recognition of a moral duty towards vulnerable and damaged children. According to the Internet Encyclopedia of Philosophy 'the modern notion of morality is primarily focused on the interests of other people and the idea of deontological constraints' (Gordon, 2013:1a). In our society childhood is supposed to be 'a period of protection and safety wherein parents introduce children to healthy adaptation and prosocial behaviour' (Thomlinson, 2004:95). If this expectation is not perceived as being fulfilled, the State in the form of the Government, Members of Parliament and Local Authorities have to try and interpret community values and translate them in to a child welfare policy (Walton, 1976). These general community values are embodied in the various pieces of legislation which detail the duty of the State towards the child. Where there is evidence of actual harm being done to the child from those who are supposed to protect him/her, the State, acting as a moral entity in recognition of its duty, intervenes and places the child in out of home care, usually foster care. But however virtuous this may appear to be, there are other factors which play a part in the decision to remove children from their parents. As Kelly (2006:61) stated, 'In child-care practice, decisions are loaded with morality, politics and values'.

In the case of obvious physical abuse and where the State has declared that parents have no right to physically injure or harm their child, the act of bringing the child in to care under these circumstances may be deemed a moral act and a duty as the rights of the child to life, survival and development (UNCRC, 1989:Article 6) have been infringed. But the percentage of children brought in to care under this circumstance is low, only 18% of children brought in to care in July 2012 were identified as being physically abused, with 8% of those as being sexually abused. The majority of children brought in to care have been neglected and/or emotionally abused, approximately 38% to 39% (The Scottish Government, 2014). Other reasons for being brought in to care include parental substance misuse (39%) and parental mental health problems (39%). Although neglect and/or emotional abuse is the reason given for the majority of children being brought in to care, determining the threshold at which harm is being done to the child is open to interpretation. Neglect does not mean 'the "acts of omission" for which ordinary good parents know they are sometimes responsible' (Stevenson, 1998:3), but the:

...persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development (The Scottish Government, 2010: paragraph 36).



Stevenson (2007) summarised the long term consequences of this neglect as negative effects on the child's brain, physical development, behaviour and mental health. Since the consequences of leaving the child to be neglected are so harmful, it would appear to be a moral act to bring the child in to foster care. But for social workers, there are difficulties in judging the degree and length of neglect that the child has sustained. With neglect, how much is too much? At which point does 'good enough' care become 'just good enough' care and from there to 'not good enough' care? The Scottish Government (2012) concluded that social workers who consistently work with struggling families may not have a benchmark of ordinary households to compare them with apart from their own and that 'barely good enough' care is acceptable for a particular neighbourhood, as:

Practitioners can get sucked into the families' way of functioning. It can be difficult to stand back and say we need to do something about it (The Scottish Government, 2012:8).

With the lack of clear criteria or guidelines as to what constitutes sufficient neglect to warrant entry to care, the moral argument regarding protecting the child from harm is diminished and political influences may be augmented.

Politically, there has been recognition that society does not offer the same life chances to all its citizens. Where household incomes are significantly lower than the national average, it can be an indicator of deeper, more complex problems, for example, mental health issues, educational failure, drug addiction or unemployment. In order to address this, initiatives to promote social mobility where 'no one is stopped from achieving their potential' (H.M. Government, 2013) have been welcomed across the political spectrum as a commitment to 'social justice'. Social justice may be broadly understood as the 'fair and compassionate distribution of the fruits of economic growth' (United Nations, 2006:16). The concept of social justice is a key tenet of social work practice in the UK and is included in the Code of Ethics for Social Work, recognised by the International Code of Ethics, as follows:

...social workers have a responsibility to promote social justice, in relation to society generally, and in relation to the people with whom they work (BASW, 2012:2.2).

In putting social justice in to practice, there is an emphasis on empowering adults 'in all aspects of decisions and actions affecting their lives' (BASW, 2012:8). When a family comes to the attention of Social Services because of concerns about neglect of a child, the initial response is to try to empower the parents to respond appropriately. It has been noted

that ‘in some cases...both adult-focused but also child-focused services, saw the adult as the primary client...’ (The Scottish Government, 2012:38). Parents may make sufficient effort in the short term to prevent a child being brought in to care but be unable to sustain that effort (The Scottish Government, 2012:33). In spite of this, there may be ‘the feeling of wanting to give a second chance’ (The Scottish Government, 2012:49) which does not alter the situation for the child. Another reason for lack of direct action on behalf of the child may be an unwillingness to accept that, even with support, some parents do not have the capacity to parent (The Scottish Government, 2012:37). As social workers continue to try to support the parents, the ‘children’s needs could be lost’ (The Scottish Government, 2012:38). Once it is recognized that the care of a child by his/her parents has reached an unacceptable level, then the social worker has to decide whether to continue with offers of support or to make a referral to the Reporter to the Children’s Hearing System with a view to the child being brought in to care.

The Reporter to the Panel, who will have a degree in law, social work or other relevant discipline, is responsible for administering the Hearings process. Initially, the Reporter will assess whether there is sufficient cause for concern in law for a Children’s Hearing Panel to be convened. Where facts are in dispute, the case is referred to the Sheriff Court, but once the dispute is resolved and the facts established in law, decisions regarding the welfare of the child revert back to the Children’s Panel. The decision making members of the panel are lay people (not necessarily child care or legal professionals), drawn from the local community who volunteer to make decisions, after a period of training, in the best interests of the child or young person (Scottish Children’s Reporter Administration, 2014). Social workers are required to present reports to the hearing, detailing their causes for concern and any relevant family history. But the current practice of social work is undertaken in a ‘postmodern’ society in which, according to Giddens (1994:9), ‘...traditional practices, structures and values are “dis-embedded”, subjected to scrutiny, challenge and re-evaluation’. The Social Worker’s report is not perceived to be a factual document but one that is open to challenge and interpretation by the child’s family, their representatives and the Panel Members. Theories of social justice infer that if the parents are educated, lifted out of poverty and supported, they may be more effective in caring for their children. Where there is conflict in terms of putting the child into foster care, which will meet the developmental needs of the child, versus the family’s right to social justice, greater value may be accorded to the family as a group rather than the child as an individual. This relegation of the child to being a bit player in a family drama renders the

developmental, if not actual, damage which is occurring in the meantime, partially invisible. The Scottish Government noted in 2012 that maybe:

Panel Members require further training on the impact of chronic or cumulative neglect on a child's wellbeing or long term development (The Scottish Government, 2012:50).

As a result, having identified that a child's level of care within the family home is insufficiently adequate to meet the child's developmental needs, and having sought to bring the child in to local authority foster care, the social worker may find that the Children's Panel reject his/her findings and recommend that the child continue to be supported at home. This may happen time and again over a number of years with one family. So even though 'professionals have their own distinctive views and experience of caring for deprived and socially disadvantaged children' (The Scottish Government, 2012:309), the social worker's professional judgement is sometimes regarded as being of less value than that of the Panel's life experiences. As a result, children do not come in to care until other services have failed. When they do come in, they are older, will have come from worse circumstances and have greater developmental and psychological needs, according to Oswald et al. (2010).

When the child is brought in to foster care, Reimer (2010) noted that s/he will exchange the culture and norms of his/her birth family with that of the foster family. This raises questions regarding the effect of exposing children to a culture substantially different from that of their birth parents, with whom they may be expected to be reunited at a later date. If the neglected children of 'inadequate' parents are over-represented in the foster care system, so too are white, middle-class, religious married couples, remnants of a more traditional society over-represented as 'good' foster carers, as identified by Nutt (2006) and Pithouse and Rees (2015). Foster carers are meant to model a standard of family life, but it is recognised that each family has its own family culture, different habits and different outlook towards children (Reimer, 2010). All of these may be at variance to the child's birth family life and highlight the lack of care that the child received previously, creating conflict in the child (Tarren-Sweeney, 2008). A comparison by Ford et al. (2007) demonstrated that children in foster care display more disturbed behaviours than children of a similar background who do not come in to care. Disturbed behaviours may include depression or aggression yet, no matter how 'good' the foster carers are, the vast majority of them have no specialised training or experience in dealing with deeply traumatized children.

Once the child is in care, the Social Worker will concentrate on the family in order to assess the possibility of rehabilitation, or whether permanency plans should be made for the child to remain in care, or be put forward for adoption, leaving carers to feel that they are like:

...a train and the door opens and they [social workers] throw a kid in and the door shuts and you [foster carer] go along a bit and the door opens and they take that one out till the next stop and then the door opens again (MacLay et al., 2006:34).

There is no formal assessment of the needs of the child or of the damage that may already have occurred. Nor is there automatic access to specialist help. Yet foster care remains the preferred option for children and I have made a commitment to be a foster carer. Having gained a knowledgeable understanding of the practice and landscape of foster care, I turn to the critical self-examination of my role and how I can discharge my responsibilities in a way that is commensurate with an ethical approach.

#### An Ethical Basis for Foster Care

Ethical behaviour is that behaviour which adheres to a moral code but, as a foster carer, I do not belong to a recognised profession therefore there is no official Code of Conduct. However, having made a personal commitment to give the best possible care of which I am capable at any given time, I must set myself a standard against which I can measure my conduct, regardless of the circumstances and my personal attachment or bond with the child. In this way there may be consistency in the quality of my care. Since Social Work is included in the description of caring professions (Abbott and Meerabeau, 2003:ix), the adoption of an ethic of caring would seem to be appropriate for a foster carer.

#### The Ethics of Care

The moral theory of care ethics was first proposed by Carol Gilligan (1979) in which she challenged Lawrence Kohlberg's (1973; 1981) perspective of moral development. Kohlberg's theory of moral reasoning was that there are six developmental stages through which an individual must process before they are able to properly respond to moral dilemmas. Justice is the prime consideration in the reasoning which takes place and this allows the person responding to the moral dilemma to be detached or independent from the situation. In contrast, Gilligan proposed that moral reasoning should be based on what she described as a feminine perspective of relationships and communication, in which the agent of moral behaviour cares for others appropriately in each unique circumstance.

Originally proposed as a moral theory in its own right, care ethics is more usually regarded as a form of virtue ethics which ‘...focus mainly on inner character and/or motive rather than on rules for or consequences of actions’ (Slote, 2000:325). In striving to cultivate the virtues, the person develops good habits of character so that, when the occasion arises, that person will behave in a virtuous or ethical manner appropriate to the situation. Virtue ethics was the prime moral theory of Ancient Greece and mediaeval times but in more modern times, the ethics of deontology and utilitarianism relegated virtue ethics to a minor theory. However, the emergence of a post-modern society, with its rejection of universals and individualism, led to a resurgence of interest in virtue ethics, pioneered by Anscombe (1958). In modern interpretations of virtue ethics, there is an emphasis on human flourishing, or well-being, which emerges from ethical concerns or caring, encompassing family, friends and society (Hursthouse, 2014). Gilligan’s theory of the ethic of care (1979) was expanded by Noddings (1984) in her identification of the two parties in the caring relationship, the ‘one-caring’ and the ‘one-cared for’. With an ethic of care, Noddings claims that there are no universal principles to guide action, the care given should be contextually applied. Although contested, it is the relationship with the one-cared for that is the ultimate concern, rather than morality itself (Blum, 1991). Care as a virtue involves attentiveness, responsiveness and trust (Held, 2006) as well as responsibility and integrity (Tronto, 1994). In embedding him/herself in the caring relationship, the carer must sublimate his/her own desires and motivations in order to meet the needs of the cared-for in an act of ‘engrossment’ or attentiveness. Each party has a moral obligation towards the other; the one-caring must strive to maintain the caring attitude in order to develop the ideal self and the one-cared for must strive for ‘re-newed commitment’ to ‘turn about and act as one-caring in the circles and chains in which he is defined’ (Noddings, 2013:707). I shall contest this in the next paragraph, but in the context of foster care, the willingness of the one-caring to set aside everyday tasks in order to engage fully with the cared-for, the child, at the moment of the child’s choosing, may create an attunement between carer and child. This attunement, necessary for human thriving (Frakes, 2010), is the beginning of the attachment relationship for example when ‘...you just have to leave everything for the weekend, nothing gets done, just them [the children]’ (Barbara:297).

In this way, care may be regarded as a virtue, but it is also an attitude and ‘a labor’ (Kittay, 2001:560) and as such may not be consistent across daily human interactions. Foster carers undertake to ‘look after and accommodate’ children who have been identified as

being in need, on behalf of a third party, the Local Authority, who are the corporate parents. There is a contract to 'care'. The child entering the household is a stranger and although my inclination is to be caring, initially it is not the 'natural' caring of a mother for her child, characterised by fondness and affection as Kuhse asserted in 1995, but 'the ethical caring that instructs us to meet and treat this other "as if" natural caring were active' (Noddings, 2010:10). Kuhse (1995:212) suggests that in an ethic of care, the question is not 'what should I do?' but 'how should I, the carer, meet the cared-for'. For the stranger child, the one-to-be-cared for, coming in to the home the one-caring, the foster carer, must respond sensitively with compassion and concern in the act of looking after and accommodating, (Kuhse, 1995:210). As the child becomes less of a stranger, so natural caring may occur. But even 'natural' caring can sometimes be oppressive and in attempting to mimic 'natural caring' there is the potential to overcompensate and/or infantilise the child. There is the possibility that an 'excessively maternalistic commitment to nurturing people may lead the caregiver to impute needs to people that they do not have' (Koehn, 1998:30). In addition, not every foster home consists of just the one-caring and the one cared-for, there are other factors which need consideration.

Foster care is meant to offer the experience of family life to children in care and part of family life is the interaction between all of those who live within the home. The stress of dealing with a disruptive or challenging child or children may strain the 'emotional resistance, endurance and sensitivity' (Hedge and Mackenzie 2012:9) of the carer and the rest of the family and turn the care into a 'labor'. When Noddings (2010) writes about the process of trying to care often breaking down, she is referring to caring for strangers at a distance. For foster carers, the stranger may not be at a distance. The stranger, child, is living in your home, possibly hurting or damaging children for whom you already have an attachment bond. As a result:

...as an individual, I [may] quickly reach a position of helplessness. And, if the process goes far enough, I may suffer empathic exhaustion (Noddings, 2010:12).

As the caring relationship deteriorates, it is at this point the foster carer requires professional support. If one is 'engrossed' with the child, what is the nature of the relationship with other members of the household, professionals and the corporate parents? The use of the title 'one-caring' implies the supremacy and uniqueness of that person. There is no description of a caring community where the 'one-caring' becomes the 'one-caring-with'. Also, the foster carer/foster child relationship is one that is embedded in

social services practices, legal requirements and the history of relationships in the birth family. The child does not come to be the one-cared for as a single entity divorced from these considerations. In order to create a caring community surrounding the child, the one-caring must be able to communicate in a way that has legitimate meaning for each of the diverse groups. Since legal and social work practices are based on principles of rights, duty and justice (Holland, 2009), to be part of the discourse, the foster carer must also be conversant with these principles, as it is only by enabling 'the dialogue between groups that there will be understanding of the perspectives of others and a shared basis for action' (Orme, 2002:811). Without this ability, the foster carer has to '...withdraw from moral discourse and to retreat into an essentially dumb world of one's own' (Kuhse, 1995:215). When the carer has to manage competing demands from the foster child, the carer's own family, the birth family, Social Services and Law, an ethic of caring or love is not enough. 'It must be the foundation, the cornerstone – but not the complete structure. It is much too pliable, too yielding' (Davis, 1962:244). Since the ethic of care was initially posited to be an alternative to the ethic of justice, it seems fitting to explore the theory of justice as an exemplar for my conduct.

### Justice

The ethic of caring was initially posited to be an alternative to the ethic of justice (Gilligan, 1979). However, justice is the 'first virtue of social institutions' (Rawls, 1971:1) as it is by the administration of justice that a rational society, in which each citizen is treated fairly, is created. On one view, decisions as to what is fair and just should be determined purely by reason (Kant, 1785), taking the viewpoint of the rational man (Rawls, 1971). The 'rational' or 'prudent' man is an ideal who is a completely impartial representative of all members of a community, an 'Everyman' (Koehn, 2012:28). It is the responsibility of the rational and prudent Everyman to weigh all the merits and demerits of a case as individuals may be biased. The negation of personal bias creates and maintains social order. But in order to take the position of the ideal rational Everyman:

Those who approach ethics from the perspective of the justice tradition will focus on aspects relevant to the application of certain principles or rules (Kuhse, 1995:217).

These principles or rules include impartiality and rationality (Young, 2002: 807), which are evidenced in legal processes by the conferring of rights on the individual. There is the right of a person to be heard by a judge or arbitrator (the Everyman) so that no person is the judge for their own case. Another right is that of the right to a fair hearing or trial

where the opinions of the other side are also represented (Jones and de Villars, 2009). The ultimate purpose of these rights 'is to protect the individual against the abuse of public power' (Harvey and Schwartz, 2012:1), and as such, rights can be used to 'trump' (Dworkin, 1984:152) or limit the extent to which the public, in the form of the State, can interfere in the affairs of private individuals. This means that children only come to the attention of Social Work when it appears there has been an infringement of their rights to be protected from abuse and/or neglect under Article 19 of the United Nations Convention on the Rights of the Child 1989, as 'in justice, redress can only follow a breach of a rule' (de Jasay, 2009:270).

According to Aristotle, justice is divided in to two types, 'distributive' in which privileges and responsibilities are divided equally amongst all the members of a community, or 'corrective' to restore the balance when there is inequality or an imbalance has occurred (Kenny, 1978). In matters relating to Social Services for children, the initial redress will usually be in the form of increased support to the parents. Only when there has been significant deterioration in circumstances will the child/children be admitted to care, even though there may have been failure to meet basic needs over a prolonged period of time. When a child does come in to care, the intention is to restore the life chances to the child that they were unable to access whilst living with their birth family. As a foster carer I am tasked with correcting the imbalance of care. Adopting an ethic of justice, where the child is treated 'the way we looked after our own' (Alice:106) gives a base line against which the carer can determine what is 'due' to the child for whom they have responsibility. But 'the way we looked after their own' consists not only of physical actions, but also of careful attention to the child's needs, drawing on 'capacities of love, care, empathy, compassion and sensitivity' (Allmark, 1995:20) as 'justice itself is a moral activity that has to encompass a morality of caring' (Sevenhuijsen, cited in Orme 2002:809). Therefore, for foster carers to meet the requirements of justice, there must be a caring component: it is in the job title.

It would appear that an ethic of Justice which includes a caring element, should meet my need for an ethical theory to guide me in the delivery of care for LAA children. But I am not an instrument of Justice, I am a tool of it. The task that has been allotted to me, and for which I have volunteered, is to provide daily care-giving within a family setting. Since the care that I am required to provide is that sanctioned by society, I am not faced with ethical questions about what I should do. Since I have to face an annual review of my



performance, I can assume that I currently fulfil my duties to the satisfaction of the State. Therefore, the ethical questions that I face are not related to ‘what should I do’ but rather ‘how should I do it’? For children who have led chaotic lives in a threatening environment, everyday routines can provide stability and predictability, but these are implemented ‘...in the context of a relationship which itself is an important mechanism of influence and change’ (Macdonald, 2001: 34), therefore the relationship needs to be nurtured appropriately. The act of caring for children, damaged or not, on a daily basis engenders ‘...a tremendous range of emotions, both in the child and in oneself’, as Nussbaum recognised (1999b:176), and these emotions should be dealt with in a responsible but nurturing manner. In order to do this, I need to cultivate an approach that allows me to take ‘some distance from one’s immediate impulses, desires and interests’ (Orme, 2002:208) so that I can meet the needs of the child being looked after and others for whom I have responsibility, including myself.

### An Ethic of Virtue

Whilst researching the ethic of caring and the ethic of justice, I also researched the ethics of Virtue. Virtue relates to the moral character of the person over a period of time, not just to ‘isolated moments of choice’ (Nussbaum, 1999b:174). According to Aristotle, (1978:1104b-1105a) a virtuous character is acquired through deliberately choosing the right habits over a period of time, the reward for which will be the pleasure gained from living a noble life. The right habits or ‘Virtues’ of Justice, Courage, Temperance and Wisdom are those upon which all else hinges (from the Latin ‘cardo’, a hinge), and as such are known as the ‘cardinal’ habits or virtues. A virtue is described as being the ‘mean’ or middle ground between two extremes, for example, Justice is the mean between giving too much and giving too little of what is due. By living a virtuous life, the individual focusses on questions relating to what type of person they should be on an everyday basis, rather than what actions should be pursued when faced with moral choices. Nussbaum advocated that:

...moral philosophy should focus...on the whole course of the agent’s moral life, its patterns of commitment, conduct and also passion (Nussbaum, 1999b:170).

As such, virtue ethics is an approach to morality, rather than a theory (Nussbaum, 1999b), but one which may offer me some of the guidance I seek.

By the time a child comes in to my care, a number of moral and ethical decisions will already have been made. The child will have suffered a breach of the rules (Justice), and

they will have been parted from those with whom they are familiar and given to a stranger, me. I have already committed myself to the moral choice of looking after other people's children, some of whom will have been parted from their birth parents by force, and most by the will of the State rather through the choice of the child or parents. But, under current foster care practices, I am only responsible for some decisions which affect the child's existence. In the day-to-day care of the child I do not face moral or ethical choices. For the child in my care, it is not the big moral decisions that they need from me, but the quality of my day-to-day care. The idea of carrying out a moral act in an ethical manner by attending to the nature of my conduct resonated with me as an appropriate endeavour and so I explored how I could incorporate the Virtues as a foster carer. Having already contemplated my position as regards justice, I examined the necessity for courage as an aspect of morality.

### Courage

The whole process of fostering takes courage, courage to submit oneself to the intrusive scrutiny of the assessment process, the courage to receive a stranger into one's home, the courage to advocate on behalf of the child, as appropriate, in the face of hostility or disbelief. Courage is also needed to be willing to enter the child's world of pain, to listen to their experiences and to forever carry the knowledge of what they have suffered; and by carrying that knowledge, share in the suffering in a very limited but still painful sense. But these might be regarded as minor examples of courage. Another form of pain is that caused by the burning sense of injustice on behalf of a child who was sadistically tortured for the amusement of adults, for a child who was so neglected from birth that a 'normal' life may be forever out of reach, for a child who was robbed of a childhood by having to take on adult responsibilities at too early an age, for foster carers who are given such inadequate resources and support and for social workers who have to wrestle daily with trying to meet a threshold of Justice for both birth parents and children. This feeling of dissonance that a person experiences when cultural or institutional practices appear to inhibit or restrict the ability to care for others is known as moral distress (Jameton, 1984). Institutional practices may include policies, inhibiting power structures or legal constraints. But although the individual may be distressed initially by problems in the cultural environment which affects the ability to care, Jameton noted that further reactive distress occurs if the individual does not try to alleviate the situation (Jameton, 1993). It is at this point that moral courage is required. Moral courage has been defined as:

A commitment to moral principles, an awareness of the danger involved in supporting those principles, and a willing endurance of that danger (Kidder, 2005:7).

Sekerka and Bagozzi (2007) also stress the potential threat to self when trying to do 'good'. It is this potential threat which means that although people may make an appropriate ethical judgement about a dilemma, only a small percentage of that number will act in an ethical way in regard to that dilemma, warned Bebeau (2002). But behaving in an ethical way does not mean behaving impulsively or recklessly. Haidt et al. (1993) noted that moral judgements made about others are often accompanied by strong emotional reactions. A fearful reaction will elicit a cautious approach to an ethical dilemma, whereas Lerner and Keltner (2001) caution that an angry reaction may provoke a risk-taking approach. It is the ability to control either of these reactions in order to behave appropriately to the right degree that Monin et al. (2007) say constitutes ethical behaviour. Baumeister et al. (1998) found that self-control is a fluctuating resource depending on the demands being made of it but further experimentation by Baumeister and Exline (1999) showed that it can be strengthened through practice. By practising the virtue of temperance, the mean between timidity and recklessness characterised by prudence and self-control, I should behave appropriately when confronted by an ethical dilemma. In order to behave appropriately, however, I not only need courage and temperance, but wisdom.

### Wisdom

Wisdom is considered 'the pinnacle or hallmark of adult thinking' (Merriam and Caffarella, 1999:161) and is characterised by 'insight in to the human condition' (Baltes and Staudinger, 2000), exceptional self-development and post-formal operational thinking (Cook-Greuter, 2000). It requires the ability to put aside one's own ego, and be able to cope with contradictions and other truths (Kramer, 2000; Labouvie-Vief, 2000; Becvar, 2005) in order to 'produce positive results in human life and human relationships' (Bassett, 2005:2). Since foster carers desire to produce positive results in the lives of LAA children, the striving for wisdom appears to be an appropriate pursuit. According to Baltes and Staudinger (2000), one of the five criteria associated with wisdom is a rich knowledge of facts. So far in this dissertation, I have examined different aspects in the lives of children in out-of-home care, including a moral, political, legal and personal ethical perspective. Since the majority of foster carers desire to 'make a difference', next in a pursuit of factual

knowledge, I shall investigate the constructs of foster care and the therapeutic aspects of non-specialised foster care.

### Constructs of Care

Care has been described as ‘a concept encompassing that range of human experiences which have to do with feeling concern for and taking charge of the well-being of others’ (Waerness, 1987:210). However, this concept has many facets, particularly in fostering, where strangers agree to look after children on behalf of a local authority within the privacy of the carer’s own home. These facets include the tension between the private care in the home of a child on behalf of a third party, the allocation of rights and responsibilities, financial considerations, regulatory restrictions and considerations of motivation and status.

### Private and Public Domains

Traditionally, the ideal ‘home’ was regarded as a woman’s place, a place of privacy and safety for all family members, ‘where the curiosity of outsiders can be excluded and family matters can be dealt with in secret’ (Hansson, 2008:16). In fostering, although the main carer is usually the woman, men’s involvement may have been underestimated according to Rhodes et al. (2003). A study by Pithouse and Rees (2015) noted that male carers were particularly involved in activities with children, for example, sport or dog-walking. Male caring or ‘fathering’ appears to be about ‘doing’ (Brannen and Nilsen, 2006), which allows a child to experience a range of interests and helps to build self-esteem. In spite of men’s contribution, the emphasis in fostering is on the female as the main carer, rendering the male contribution invisible (Wilson et al., 2007). It would appear that the ‘the invisibility of women’s caregiving’ (Doucet, 2006:30) encompasses the caregiving of men when it is applied to fostering. In this private sphere, fostering was originally designed to meet the needs of the child to a ‘normal family life’ (Nutt, 2006:6) where the child would be cared for ‘as if he [she] were a member of the foster parents’ own family’ (Department of Health, 1991:140). This rhetoric is still evident today as enshrined in Article 8 of the Human Rights Act 1998.

In contrast to the private domain, the public sphere was considered the prerogative of ‘male’ activities such as government, law, commerce and the professions. However, the boundary between private and public is not fixed but subject to constant renegotiation (Landes, 1998), shaped by past events and current practices ‘that condition our very

perceptions of these' (Bourdieu, 1984:170). Since foster care is a private activity undertaken on behalf of a public body, there may be occasions where the privacy of the home is subject to the intrusions of the public sector, which 'can be experienced as hostile' according to Nutt (2006:100).

### *Rights and Regulations*

Increasing recognition that divorcing children from their pasts was harmful, especially as children now come in to care later, led to legislation whereby birth parents retain certain responsibilities under the 1989 Children Act. Other rights and responsibilities are retained by the Local Authority. In April 2015, the Children and Young People (Scotland) Act 2014 came in to effect, giving public bodies the legal duty of being 'Corporate Parents' to children and young people in care. Included in the 24 public bodies are Local Authorities, the Health Boards, the Chief Constable of Police, the Scottish Fire and Rescue Service and the Care Inspectorate. It is the responsibility of a 'Corporate Parent' to 'understand the lives of Scotland's looked after young people and care leavers and respond to their needs as any parent should' (Who Cares Scotland?, 2015). Foster carers, who actually 'parent' on behalf of all these agencies, are not included. Rather than having responsibilities, under Regulation 24 of the Looked After Children (Scotland ) Regulations 2009, Schedule 6, foster carers have 'obligations'. As Orme (2002:802) remarked 'care is now no longer associated with altruism or love; it is regulated'. Because 'care' is regulated it is no longer the province of altruistic individuals, it is controlled by organisations distant to the point of care.

### *Financial Considerations*

Contemporary foster care is driven by financial pressures, targeted outcomes and the need for accountability. Wilson and Evetts said it may be that the best interests of the child '...continue to be part of the practice ideology but only within the financial limits of the service' (Wilson and Evetts, 2006:45). The financial limitations of the service mean that foster care is the preferred option for children in out-of-home care because it is less costly than other forms of residential care. The practices of social work in regard to fostering support a gender-biased assumption that the main carer will be a stay-at-home female, dependent on a wage-earning partner. For example, it is expected that a foster carer will be available for any meetings and reviews which are arranged without consultation with the carer, yet if the carer is unable to attend due to other commitments, s/he may be subject to disciplinary proceedings. The assumption that a wage is being provided by the partner

means that there is no pressure on the system to financially acknowledge the contribution of the carer in looking after the child. Tearse, who reported a survey for the Fostering Network in 2010, found that only 49.5% of foster carers received a fostering fee (the carer's salary) in addition to allowances to cover the costs of looking after a child. It should be noted that allowances vary from one Local Authority to another and that Local Authorities which pay fostering fees, often pay reduced allowances in comparison to those which only pay allowances. Since allowances are usually a fixed sum, there are times when the carer perceives that the child's needs outstrip that which the Local Authority will reimburse. As yet, in Scotland, there is no legislated minimum allowance for foster carers to offset the cost of looking after a child. Should foster carers be paid at the National Minimum Wage for Adults in Scotland, (£6.70/hour as of 1 October 2015), the salary for a foster carer over a 24 hour day, 6 days per week, and 21 hours for the day of contact, 52 weeks of the year (including 2 weeks respite) would come to an annual salary of £57,486. Expenses incurred whilst looking after the child would be extra. Yet, for example, the per annum fee published by Edinburgh City Council for a carer who has no formal qualifications, is £8,108.36. However, even though research by Kirton et al. (2007) has suggested a link between rates of pay and the recruitment and retention of foster carers, Farmer et al. (2004) found no link between that remuneration and the quality of care provided.

### *Altruism and Professionalism*

Since care work is usually motivated by concern about another's wellbeing (Folbre, 1995; Folbre and Weisskopf, 1998), being given the opportunity to care for the 'other' may be regarded as an intrinsic reward which theoretically compensates for lower pay in the workplace (Folbre and Nelson, 2000; Folbre, 2001). In 1983, Hochschild coined the term 'emotional labour' to describe those occupations which require the employees to 'sell' emotion, to display feelings that they did not truly feel. Hochschild's research focused on flight attendants who were required to be polite and cheerful even when they were sad due to personal circumstances, or furious at the behaviour of ill-mannered passengers. The situation in foster care is different as the choice of becoming a foster carer is usually motivated by the intrinsic reward rather than an extrinsic one, and the 'daily lived experience invokes attachment' (Nutt, 2006:51) to the child/children. However, there is the expectation from the Agency with whom the foster carer is registered, that these emotions will be terminated on demand, as when a child moves or there is a disruption to

the placement. Eventually, the low control over decisions regarding the child and the lack of autonomy may create a situation where caring becomes a burden (Wharton, 2005:391). It is at this stage that the carer needs to feel valued by the Fostering Agency, by gestures of inclusion, gratitude or remuneration. A foster carer's comment in Kirton et al.'s (2007) research on valuing and listening to carers, made the point succinctly.

Payment is very important to me because there are two sides to being paid. One side is to be recognised, but the other side is not to feel abused (Kirton et al., 2007:11).

Feelings of being abused occur when the lack of understanding of the practice of foster care creates a climate where foster carers are seen as 'tangential to the foster children' (Nutt, 2006:17), and as service users rather than as colleagues (Triseliotis et al., 2000). It is notable that the organisational tree for Children's Services in this area fails to mention foster carers at all as they are not employed by the Local Authority, although it would be difficult to envisage a foster care system without them. The lack of inclusion and respect from social workers is one of the factors behind moves towards the professionalization of foster carers. Another factor which has promoted the professional agenda is the expectation that foster carers will work 'in partnership' (Fernandez and Barth 2010:138) with social work as temporary carers rather than as substitute parents. Yet the loss of the reward and status of being a parent to a child has not been replaced by the reward of formal recognition and 'partnership'. In addition, Nutt (2006:11), commenting on a conference report, states that 'there remains a lack of clarity about their [foster carers'] role and what they do'. Professional status would offer respect, partnership and clarity of boundaries.

The system of foster care frequently depends on the 'hands on' care by women in a domestic setting. As Bowlby's (1969; 1988) work on the importance of meeting a child's emotional needs emphasized 'mothering', and by extension, fostering, 'as a "natural" activity for women, and as such required 'little or no special training' (Nutt, 2006:5), it was not seen as having a skill set. This was highlighted by Kirton et al. (2007:15) when it was noted that there was a 'reluctance to accept "professional" credentials or expertise on the part of carers' by the children's social workers, even though a significant percentage of foster carers have previously held jobs in the caring professions (McDermid et al., 2012). Yet, even though almost ninety per cent of the population of children in care may be assessed as having a mental disorder (Ford et al., 2007), due to serious abuse, neglect or trauma, there is an expectation that it is the foster carers who will '...provide a therapeutic environment for traumatised children' (Hutchinson et al., 2003:12). Since this expectation

accords with the majority of carers' wish to 'make a difference' to the lives of the children they foster, next I will explore how foster carers can positively affect the lives of the children they look after, in other words, the therapeutic aspects of non-specialised foster care.

### Therapeutic Aspects of Non-Specialised Foster Care

In order to flourish, human beings – and in this instance, children – need to have access to certain goods, advantages and benefits to thrive and achieve well-being (Knowles, 2009:43).

These goods include adequate nourishment and appropriate clothing, the advantage of safety from harm, and the benefit of rest and activity, both physical and intellectual within a nurturing environment as stated by Maslow in 1954 and Gough in 2005. Within our society, it is believed that 'the family' is the institution which is most capable of providing these goods, advantages and benefits as '...families are the bedrock of society and the place for nurturing happy, capable and resilient children' (Department for Children, Families and Schools, 2007:6). However, 'the family' does not have to conform to the post-war ideal of the breadwinning father, the stay-at-home mother and the two children, which was described by Chambers in 2001. Families may consist of one or two parents of different or same sexes; children may be siblings, half-siblings or step-siblings. Whatever may be the conception of 'family', the make-up of foster families reflects the types of families found across society since '...the basic idea behind fostering is to offer the experience of family life' (Triseliotis et al., 1995:1). It is believed that a nurturing environment will counteract some of the negative influences of the birth family as 'all children need to be exposed to adults who model appropriate behaviours' (Fahlberg, 1994:278). Appropriate behaviours for a baby, who is born to a caring and nurturing family, will be to turn to the caregiver when s/he is distressed or crying. This turning to the caregiver to seek comfort and protection was noticed by Bowlby (1969, 1988) who postulated the theory of 'attachment'.

### Theory of Attachment

Attachment is a theory of affect or emotional regulation whereby the infant or child learns to trust a primary care-giver and looks to him/her for protection, fulfilment of needs and safety. This is described as a non-verbal behaviour which provides safety and security for the infant, leading to a 'lasting psychological connectedness between human beings'



(Bowlby, 1969:194). From this secure base, the child is free to learn about the world around them without being overwhelmed by anxieties and fears. Therefore, when the infant or child is distressed or anxious, the appropriate behaviours of sensitive or attuned care-givers may include non-verbal interactions such as stroking, rocking, or walking up and down, to help the baby learn how to regulate their emotions and alleviate their sense of stress.

Selye was the first to define stress as a biological event to which the body has a ‘non-specific response...to any demand placed upon it’ (1956:63). More recent definitions have refined this to a situation in which ‘an environmental demand exceeds the natural regulatory capacity of an organism’ (Koolhaas et al., 2011). Environmental demands which are perceived as stress have a physiological effect on the body. Stimulated by an environmental stressor, neurons in the hypothalamus secrete hormones which act on the anterior pituitary and adrenal glands to produce cortico-steroids, particularly cortisol. The function of cortisol is to regulate the distribution of glucose. When a stressor or threat to the body has been identified, cortisol will regulate the distribution of glucose to those areas of the body which are seen to require it most in a ‘fight or flight’ situation, namely the major muscle groups and the brain as identified by Cannon in 1932. The heart rate will increase and pupils dilate in order to let as much light in as possible. The brain focuses on the threat and will have trouble focussing on small tasks. Systems that are not essential for the fight or flight response, the immune system and the digestive system, are shut down (Nicolson, 2007). At the same time, the secretion of arginine vasopressin (hereafter AVP) stimulates the kidneys to reabsorb water, and induces blood vessels to constrict, thus raising blood pressure (Caldwell and Young, 2006). Once the environmental demand which is perceived as a threat or stress to the person has been removed, the high levels of cortisol initiate an inhibitory feedback loop which blocks the secretion of Corticotropin Releasing Hormone (hereafter CRH), closing down the stress reaction. However, chronic levels of stress can disrupt the feedback mechanism and instead, permit the continued release of the corticotropin, cortisol (Arnsten, 2009). Individuals who remain highly stressed become vulnerable to infection (Glaser and Kiecolt-Glaser, 2005). The memory processing and storing area of the brain (the hippocampus) can become atrophied in the elderly although the long-term effect on children is not proven as yet. Even so, Teicher et al. (2004) demonstrated that there are differences between the brains of well-nurtured children and those who have a background of abuse and neglect. For those children suffering from chronic stress, the middle and posterior areas of the corpus callosum, the

bundle of nerve fibres that connects the left and right cerebral hemispheres and facilitates communication between them, is smaller than average. Egeland (2009) noted evidence of delayed generation of new nerve cells and formation of the myelin sheath, necessary for high speed, saltatory conduction between nerves, affecting information processing and decision making skills. Learning is also affected, resulting in poor educational achievement. In addition, there is evidence that an infant or child who is not able to regulate their stress effectively, will react more to stressors than will an infant or child who has had the opportunity to learn how to regulate their stress (Bernard and Dozier, 2010). However, as brain development is ‘fundamentally related to environmental factors’ (Zeahnah and Larrieu, 1998), ‘in the new setting there is an opportunity for a re-education process to occur’ (Fahlberg, 1994:278).

In 2011, Glaser stated that changes in the family’s social context and in the child’s immediate caregiving relationships in promoting attachment, as well the child’s own adjustment, will all influence the later outcome of the child’s development. As children in care often have a background of neglect or abuse, it is to be expected that their ability to attach to their primary care-giver has been compromised. However, when carers attempt to enter the world of the child even before the child has come into the home, by thinking through how tired, frightened, possibly hungry the child might be, they are already starting to attune their emotions to identify the needs of the child. Since attachment building is promoted through non-verbal behaviour, the actions of the carer in preparing a room prior to arrival, the buying of pyjamas or a toy as ‘*something special for your coming*’ are the first powerful, non-verbal indicators that in the foster home, the child’s needs will be met. Thus one of the therapeutic aspects of non-specialised foster care is the promotion of attachment between the carer and the child, in order to assist brain development and regulation of affect, through the offering of care and:

...what is definitive about care...seems to be a perspective of taking the other’s needs as the starting point of what must be done (Tronto, 1993: 105).

### Theory of Needs

In preparation for a Looked After child coming in to the home, the foster carers tried to meet what they perceived would be the needs of a child, who had been separated from familiar adults, locations and environments. Maslow’s Hierarchy of Needs (1943), a psychological theory of human motivation, is one of the earliest of the ‘Needs’ theories. Maslow theorised that humans are innately motivated to meet different levels of need and

although those needs are always present, the most basic needs must be met before the individual can focus on higher level needs (Whittington and Evans, 2005). The most basic are described as the need for air, water, food, clothing, shelter and safety. However, scientific attempts to prove the validity of the theory have been unsuccessful although Wahba and Bridwell (1976) state there is stronger empirical evidence regarding the presence of the lower order needs. In 1991, Doyal and Gough proposed a theory of 'Human Needs' which, they claimed, are universal to all, regardless of gender, race or nationality. The needs that they identified as basic and universal are those of health, which also incorporates the avoidance of serious harm, and autonomy, the capacity to 'to do, and be held responsible for doing, anything' (Doyal and Gough, 1991:53). Intermediate needs, for example, nutritional food and water, physical security and relationships with others, are those which are essential to meet the basic and universal needs. Needs are different from wants in that the need for food is essential, but the desire for the food to be of a specific type, for example, Loch Fyne hot smoked salmon, Bradan Rost, may be regarded as a want. Kenrick et al. (2010) also propose that needs are determined, at any given time, by the competing demands of the external environmental situation and the internal motivation of the individual, so that there is no rigid hierarchy whereby one need has to be satisfied before the other can be met.

For the carers in this study, meeting what they perceived as the child's immediate basic needs when the child came in to the home, that is, food, drink, security and clothing, was prioritised over other considerations. But satisfying needs is only one aspect of an individual's overall well-being, which encompasses all aspects of an individual's interaction with their environment, not just the meeting of needs. It is for this reason that well-being is currently the focus of strategies to improve the lives of LAA Children in the UK, as stated by Beaumont (2011), and internationally, according to Fernandez and Barth (2010).

### Theories of Well Being

Well-being is a multi-faceted construct, 'bound up with ideas about what constitutes human happiness and the sort of life it is good to lead' (Gough, 2005:1). Initially posited as a philosophical ideal by Sumner (1996), more recent thinking has embraced it as a scientific concept comprising the ability to fulfil goals (Foresight Mental Capital and Wellbeing Project, 2008), be happy (Pollard and Lee, 2003), and achieve satisfaction with life (Diener and Suh, 1997; Seligman, 2002). As well as feeling satisfied and happy, for

Shah and Marks (2004) well-being means developing as a person, being fulfilled, and making a contribution to the community. Within the all-encompassing theory of well-being, other theories which contribute to well-being, particularly for children in care, may be identified. These include the theories of Attachment, Needs, Recovery from Trauma, Ecology of Care and Resilience. However, before well-being can be achieved, the child may require help to recover from the trauma of past abuse and neglect.

### Theory of Recovery from Trauma

For babies and infants, who have been abused or neglected, their experiences will have occurred pre-verbally. Although language acquisition may be innately programmed, as postulated by Chomsky in 1965, experiences which occur before the acquisition of language cannot be expressed vocally, according to Bauer and Fivush (2014). The impact of such early abuse and neglect is thought to affect the ‘internal working model’, how the child believes him/her self to be (Bowlby, 1969), of the child. Briere postulated the neglected and/or abused child views him/herself as bad or unworthy and others as ‘dangerous, rejecting or unavailable’ (Briere, 2002:2). The carer may perceive that the distressed child engages in ‘compensatory behaviours such as self-isolation, stereotyped behavior, or hyper- or hypokinesia’ (Esposito et al., 2011:1514) or, as one carer stated, ‘ruckling’ in order to self-soothe. This internal working model will not be altered by a ‘superficial verbal assurance’ (Briere, 2002:3), time and commitment are necessary on the part of the care-giver, as one of the participants in this study explained:

*‘...he didn’t speak to any of us for a month, never spoke and I’d go up and read to him and chat to him and everything and surely I’d get something out of him...nothing! Till one day I was walking through G. and he took my hand and said “I guess you’re all right”’ (Barbara:531).*

According to Schaffer and Kip, (2013), older children may display behaviours such as being overly self-reliant, displaying some but not all of their feelings, being ambivalent or disorganised in their behaviour, or by dissociating ideas and trying to create a distance from the carer. Depending on their age and stage of development, Dalgleish et al., (2005) argued that children will respond to traumatic events differently from adults. As such, it may appear to adults that children recover quickly from the events, although it is known that parents and teachers often underestimate the degree of distress in children (Handford et al., 1986; Dalgleish et al., 2005). In 2007, Hobfoll et al., identified five evidence-informed principles to aid recovery from trauma, namely to promote a sense of safety, calm, self-efficacy, connectedness and hope. Once settled in to the home, the provision of

routine and predictable care may help to provide the child with a sense of safety and calm or peace, necessary to reduce the stress the child will have been experiencing, as commented on by two foster carers in this study: *‘They get consistency from carers; life goes on...’* (Darcy:1143) and:

*‘I think routines a big thing in your life; I think if routine comes into a place you know exactly what’s happening tomorrow, life’s quite a breeze for you, you know’* (Ellon:126).

With a reduction in stress due to the predictability and security offered in the foster home, the child is then able to ‘explore, to learn, to develop self-efficacy and to achieve autonomy in ways that are critical for foster children’ (Schofield, 2002:263).

### Theory of Ecology of Care

The opportunity to feel free to explore the environment, whether physical, social or emotional, accords with Piaget’s (1958) proposal that all children are active learners who must be given the opportunity to interact with their environment, by discovering and experimenting, in order to develop cognitive skills. Vygotsky (1978) also theorised that the cognitive development of the child was not merely a matter of maturation but of the quality of their interactions with their environment. He extended this by declaring that children’s understandings are enriched when their learning is ‘scaffolded’ by parents, teachers or peers. Similarly, the carer can scaffold or support the child in certain situations, for example, when a carer tries to teach a child as:

*‘Each child is different, if you try to teach them the same thing, you got to try and do it in a different way’* (Alice:344).

In addition to learning, the child may have the opportunity to explore the meanings of the actions of their parents and be able to place his/her own experiences within a wider context. Since the majority of foster carers ‘stay-at-home’ or engage in part-time employment, they have an opportunity to be present for the ‘therapeutic window’ (Briere, 2002:10) when the child is able to acknowledge or confront past negative experiences whilst maintaining a feeling of safety in the present. Fonagy (2001:165) proposed that ‘this may make a critical contribution to affect regulation, impulse control, self-monitoring, and the experience of self-agency’. Being able to come to terms with difficult feelings and memories allows the child to integrate their past with their present (Main, 1990). In order to do this, the carer may have to support a child or children through re-living nightmare experiences, as a carer in this study recalled:

*'I've spent hours, spent hours with those boys at night when everybody else goes to bed' (Barbara:590).*

This reinforces data from earlier in the chapter. By supporting the child and attuning him/herself to the child's needs, the carer is trying to reduce levels of stress, creating opportunities for the 'therapeutic window' and helping the child to self-regulate. Supporting the child at bedtime is particularly beneficial. Children who have come from a background of neglect or abuse may have raised cortisol levels due to their stress (fight or flight) response being activated. This has a long term physiological effect on the body, as well as the brain. The Human Growth Hormone is secreted by the pituitary gland in pulses throughout the day and night, but the largest amounts are secreted one hour after the onset of sleep and nearly fifty per cent of all Human Growth Hormone is secreted during non-Rapid Eye Movement sleep. Fear and malnourishment may affect the child's ability to sleep with a resultant lessening in the secretion of Human Growth hormone. Palusci and Fischer (2011:222) noted that 'when a child is chronically malnourished, there is also a concomitant deceleration in height which is called "stunting" '. However, strategies in the foster home which enable the child to sleep, such as exercise, a nutritious diet and the allaying of fears, serve to promote the release of the Human Growth Hormone, enabling the child to physically grow. In addition to its effect on the growing body of the child, the Human Growth Hormone plays a part in the cognitive functioning of the brain, particularly learning and memory (Nyberg and Hallberg, 2013), helps to maintain high energy levels, and promote mental and emotional health according to Prodam et al. (2013). Therefore, by promoting the child's ability to sleep, the carer is positively affecting the mental and emotional capacity of the child.

The adult foster carers are not the only ones who play a part in scaffolding the child's development. Other children in the home can act as fellow students, assisting each other in learning and developing skills, as, according to Bandura (1977), learning occurs in social settings. In the foster home, there is the opportunity to engage in activities, riding a bike, swimming, making friends and/or help with school work. Emerging success in these activities promotes self-esteem and, as Gilligan reported in 2007, also contributes to educational progress.

In return for providing for physical needs, initiating routines and promoting consistency, carers hope that the child will experience feelings of gratitude and a desire for an emotional attachment, such that the child 'would change sufficiently to fit into their family' (Butler and Charles, 1999:51). In order for society to function, it is necessary for people to 'fit in' and follow social norms such as respecting property and obeying laws. When a child copies the behaviours of the foster carers, s/he is learning how to conform to the society in the foster home. As the child becomes familiar with and accepting of the foster family, s/he may use significant figures as appropriate role models, as two of the carers in this study recognised:

*'I think you become a role model; right away you look up to somebody'*  
(Darcy:98)

*'And every one of the children looked to go to J., if they've got a question, you know, 'what do you think about this?'* (Ellon:101).

The adoption of role models and the imitation of appropriate behaviours enable the child to socialise with a wider community, promoting the 'connectedness' necessary for recovery from trauma (Hobfoll et al., 2007). In 1977, Bronfenbrenner proposed that humans change throughout their lives to accommodate the circumstances of the environments in which they live and grow. He also postulated that the way in which environmental elements, for example the foster carers in the home and parents in the birth family, interact with each other, known as reciprocal interaction, has an influential effect on the child. This is exemplified when carers put aside their own feelings in order to promote a relationship with the child's birth parents, the effects of which were noted by one carer in this study:

*'If you can show that you've not got any animosity towards the parents, it makes the child feel safer'* (Georgia:90).

By paying attention to the physical, social and emotional environment, the foster carer may begin to promote the quality of resilience in the foster child.

### Theory of Resilience

Resilience is described by Fonagy et al. (1994:233) as 'normal development under difficult conditions'. Luther et al. (2000) described resilience as not an inherent trait but a capacity that emerges over time and exposure to adversity, creating a more positive outcome for the child than might be expected, considering the tribulations that may have been experienced. Resilience will vary according to an individual's reaction to an adverse situation, so there is no single factor which guarantees resilience, rather a number of variables, which may contribute to its capacity. The Resilience Research Centre in Canada defined resilience as:

the capacity of individuals to navigate their way to health-sustaining resources, including opportunities to experience feelings of well-being, and a condition of the individual's family, community and culture to provide these health resources and experiences in culturally meaningful ways (Ungar, 2008:225).

One of the resources that foster care offers is the presence and commitment of the foster carer. Having an adult who 'acts vigorously, persistently and painstakingly on their behalf' (Department of Health, 1996:24), promotes a trusting relationship between carer and child and that relationship is a positive factor in developing resilience. Two of the carers in this study spoke about their efforts on behalf of children in their care. *'I think you've constantly got to challenge and you've got to be able to challenge'* (Juliet:182).

*'I feel when you take a child in to your home you should do whatever for them, fight for them, whatever you do for that child, and I'm a pest because I will do it and I'll keep doing it'* (Georgia:163).

In order to promote resilience, Pithouse and Rees (2015:48) advocate for foster carers to build a web of support round the child, 'whereby both carer and child and a wider network give and receive support', as it has been identified that being connected to a supportive network is part of a resilience framework (Williams, 2004; Boddy, 2013). This web of support includes the opportunity to have friends and peer relationships outside the foster home. Schaffer (2008) advised that being able to maintain such relationships helps to stabilise a placement and is an indicator of positive emotional health. In addition, the presence of supportive relationships helps the child to build self-esteem and promote self-efficacy, other components of recovery from trauma (Hobfoll et al., 2007). This supportive network can exist even after the child leaves care, for example, when the carer takes out a former foster child for lunch who is attending college, as did one of the carers in this study (Juliet).

In this chapter I have explored the moral, political and legal dimensions of foster care and I have articulated a personal ethic with which to approach the endeavour of foster caring. In this way, I moved from the knowledgeable understanding of Chapter Four to the critical self-examination necessary for personal growth. In order to improve my own knowledge, I have looked at the constructs of foster care and outlined the therapeutic contribution that the foster carer can make to the life of the child. Having increased my own knowledge base, and gained an understanding of the practice of foster care, in the next chapter, I will explore the learning and development opportunities for other foster carers, particularly with the advent of the Learning and Development Framework part of the Foster Care



Review 2013. I shall end with a review of this study, noting the limitations of the research. I shall also make suggestions about improving practice and my own plans to put them in to action.

## CHAPTER SIX: LEARNING TO FOSTER

In the previous chapter I looked at the moral landscape of foster care and, having found it wanting, I tried to identify a personal ethical path I could follow. I chose to cultivate, as best I could, the cardinal virtues of justice, courage, temperance and wisdom. In the pursuit of wisdom, I examined the therapeutic contribution that foster carers could make in the lives of Looked After and Accommodated children. With this understanding, in this chapter I will discuss the current provision of training for foster carers and link it to the Foster Carer Review (LACSIG, 2013). Having identified areas of controversy in the proposals, I will attempt to propose educational solutions that value the unique situation of the foster carer. Initially I will use the word ‘training’ as that is currently the common term for foster carer learning programmes. However, I argue that training is an inadequate term for the learning opportunities that are available for the provision of out-of-home ‘care’ of vulnerable children. At the end of this chapter, I will reflect on this study and identify the limitations of the research. I will review the dominant themes which emerged from this study and discuss any necessary change might be effected, and detail my own plans to contribute to that undertaking.

### The Historic and Current Opportunities for Learning

Since the initial purpose of foster care was to give children in long-term care the experience of a family life, in the past no preparation or training of foster carers was thought necessary (Nutt, 2006:5). However, by the 1970s, it became apparent that in order to cope with the changing profile of children in care, foster carers needed ‘preparation, training, post-placement support and continued training’ (Triseliotis et al., 1995:44). Since then, changes in legislation, social conditions and the needs of the foster children have created ‘...new demands on carers and they expected training to respond more quickly, and to be more coherent and more relevant’ (Triseliotis et al., 2000:72). ‘Relevant’, for foster carers in this study, meant understanding of the foster child’s behaviours, including the reasons behind the behaviours and how the foster carer may best deal with them in a therapeutic manner, through meetings with other carers, and personal reflection. An insight into the child’s feelings was another suggestion<sup>2</sup>, as was how to communicate with the birth parents<sup>3</sup>. Formal aspects of foster care were also mentioned including the

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<sup>2</sup> Georgia:109

<sup>3</sup> Alice:816

expectations of the department<sup>4</sup>, legal issues<sup>5</sup>, confidentiality<sup>6</sup> and procedures<sup>7</sup>. The third group of suggestions related to the needs of the carers regarding First Aid<sup>8</sup>, self-protection and allegations<sup>9</sup>, and Safe Caring<sup>10</sup>. This list of topics is similar to that of Triseliotis et al. (2005). In order to cover these topics, regular study days, more frequent support groups and greater opportunity for carers to learn from each other were requested, as historically and to the present day, 'the content of the training is determined locally and is variable in quality and quantity' (Foster Care Steering Group, 1992:paras 3-4).

As noted in my introductory chapter, training, in the form of information giving, starts when a potential carer approaches social services with a view to becoming a foster carer. Currently in this Local Authority, prospective foster carers are invited to attend a Preparatory Group Study day where they are given a general overview of fostering and its requirements. Should the prospective carers decide to pursue their interest, they will then engage in reflective interviews with the Family Placement Social Worker, exploring their own experiences of childhood, views on parenting and their ability to care for someone else's child. This reflection may be seen as an opportunity for learning and where there are identified gaps in the knowledge base, potential foster carers are encouraged to seek learning opportunities, prior to being presented at the Matching and Approval Panel. Following the interviews, the findings are assessed by the Family Placement Social Worker in association with a more senior Social Worker, and the findings are ratified (or not) after presentation at the Matching and Approval Panel. The Panel is chaired by an experienced social worker who is independent of the Local Authority. Other Panel members may include experienced social workers, current foster carers, an adult who was in care as a child and a representative from the Local Authority. There will also be a medical and legal advisor. The Panel, having read the forms presented by the social worker, will interview the prospective carers and make a decision as to their suitability to foster. This is a semi-judicial process rather than an educative one, so there is no feedback from the process. It is also difficult to determine the standard or evidence of skills against which the decision-making is made. In effect, a Matching and Approval Panel is predicting

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<sup>4</sup> Connie:359; Frances :467

<sup>5</sup> Connie: 300 and 359

<sup>6</sup> Frances :258

<sup>7</sup> Georgia:368

<sup>8</sup> Georgia :691

<sup>9</sup> Barbara:302; Frances :349; Honor: 490

<sup>10</sup> Juliet:145 and 395

the likelihood of a candidate being a suitable foster carer, rather than measuring current ability, as has been acknowledged by the Scottish Government (2008:32). Once the prospective foster has been accepted as a foster carer by the Matching and Approval Panel, there is the opportunity to attend study days. Because of the geographical nature of the Local Authority, small Carers' Support Groups are held in different locations and a large Training Day is held twice a year, to which all carers are invited. Attendance at these groups is not compulsory therefore a carer could have no further 'training' once he/she has been approved.

Changes in the population of children coming into care, the provision for birth parents to continue to play a part in their children's lives once in care, economic considerations and increased legislation have all affected the activity of foster care and, as Hutchinson et al. (2003) argued, a poorly trained volunteer workforce may no longer be viable. In 2008, the Scottish Government published a document, 'Moving Forward in Kinship and Foster Care', which set out their vision for fostering in Scotland. As part of the Scottish Government's vision for fostering in Scotland, it was proposed that there would be:

...a range of foster carers recruited across the country who can provide skilled, loving and developmentally appropriate care to children who have had to leave their families (The Scottish Government, 2008:20).

In 2012, LACSIG was tasked with developing the means of implementing that vision. The LACSIG report titled 'The Foster Care Review' was published in December 2013, five pages of which are devoted to Learning and Development recommendations for foster carers.

#### Overview of LACSIG Recommendations

The main recommendation of the Review is that there should be '...a national, coordinated approach to induction and training be introduced, including a mandatory post-approval learning and development programme' (LACSIG, 2013:23). This coordinated approach '...should be accredited, providing carers with the opportunity to obtain qualifications' (LACSIG, 2013:23). Finally, the curriculum should be based on the National Occupation Standards: Working with Children and Young People (LACSIG, 2013:25). In order to achieve the national and coordinated programme, the Foster Carer Review stipulates that a Learning and Development Framework is to be created which should '...set out the expected knowledge and skills of foster carers at specific points in their career' (LACSIG, 2013:24). The Review identified that these points will be at Preparation, prior to being

approved as foster carers, and at Induction, one year after approval as foster carers. After the First year Approval Point, it is recommended that there be a ‘minimum number of “learning and development” hours that [the] “post-review” foster carer must complete each year’ (LACSIG, 2013:31). Of these hours, a proportion will be set aside for mandatory topics and updating qualifications, for example, paediatric first aid. Failure to complete the minimum hours will result in a formal review of the carer’s registration.

The provision for post-registration study is in line with the requirement for members of a profession to undertake Continuing Professional Development (hereafter CPD). CPD, as defined by The CPD Certification Service (2015), is a system of informal and formal learning which takes place after initial professional registration and may be used as ‘...a means of training professionals to fulfil specific work roles and as a guarantee of individual, professional competence’, according to Friedman and Phillips (2004:363). In 2005, Kennedy identified nine models of CPD, one of which is the training model. The training model is linked with a standards based curriculum whereby skills are updated in order to demonstrate competence. This model is controlled by the dominant stakeholders and is effective in limiting both the scope of learning and discourse about what is learnt. The legal authority conferred on social workers coupled with the lengthy training that they undergo, means that Social Services staff are regarded as the ‘professionals’ and, as reported by the Fostering Network in 2009, foster carers’ opinions and views are not necessarily taken in to account. The lack of assessment of the child’s needs and behaviours on entry to care means that progress is not easily measurable, allowing the ‘...general ineffectiveness of foster care [to be] blamed on the foster carers’ (Hampson and Tavormina, 1980:108). In order to counter this ineffectiveness, ‘training’, the content of which is devised by ‘expert’ ‘professionals’ is the ‘common sense’ and ‘obvious’ solution and because of this ideology, according to Brittan and Maynard (1984), it can appear ‘universal, natural and inevitable and become embedded’ (Nutt 2006:21). In view of this ideology, the Review states that:

The content of learning and development should focus on therapeutic work rooted in research, and reflect what is currently known to be effective practice (LACSIG, 2013:27).

The premise that training programmes should consist of professional knowledge based on systematic, scientific knowledge is known as Technical Rationality and is the dominant theory of professional activity (Schon, 1983:27). The knowledge base is used to create solutions to concrete problems. Foster caring in social work is seen as ‘...the *application*

of rigorous research-based knowledge to practice, in the same way as engineering becomes the *application* of engineering science' (Parton, 2003:2). Since it is known that the effects of abuse can lead to poor regulation of emotions, poor relationships with others, low self-esteem and an inability to relate to others, Sinclair (2005) suggests that the therapeutic work rooted in research should address the counteraction of these effects. Also, the 'intention to make better and to reverse some sort of damage caused by earlier experiences' (Nutt, 2006:52) is the help or difference that foster carers said that they wanted to bring about. But although there are theories around counteracting the damage, for example attachment theory (Bowlby, 1969), attempts to make use of these theories in everyday foster care have been disappointing, as Macdonald and Turner reported in 2009. An initiative called Fostering Changes, by the Adoption and Fostering National Team at the Maudsley Hospital, South London, in conjunction with King's College London, reported some more encouraging findings in 2012, as detailed by Briskman and colleagues, but as yet it is not available locally. Another initiative, Multidimensional Treatment Foster Care (hereafter MTFC), which is regarded as a separate branch of foster care, has also been piloted in areas of the UK. MTFC is costly in terms of manpower and finances, yet '...the difference in outcome between those who had left MTFC and those leaving alternative placements was not significant' (Beihl et al., 2012:215-216). Outside of specialist foster care there is little evidence that input from professional therapists, psychologists or psychiatrists is beneficial. On the contrary, apart from the educational psychologist, contact with professionals increases the likelihood of poor outcomes (Sinclair, 2005:154), possibly, as Minnis and Devine (2001) point out, because requests for interventions are ignored or are responded to, too late.

Finally, the curriculum for the new Learning and Development programme is to be based on the National Occupation Standards (hereafter NOS) which were devised by the UK Commission for Employment and Skills (2011a). They are statements of the standards of performance (skills) that individuals must achieve in the workplace, together with specifications of the underpinning knowledge and understanding required. These statements of performance '...describe what competent people in a particular occupation are expected to be able to do' (UK Commission for Employment and Skills, 2011a:4). The Scottish Qualifications Authority (hereafter SQA) regulates the Scottish National Vocational Qualifications (hereafter SNVQ) which are based on the National Occupational Standards. The SNVQ3 Level 7 Social Work (Children and Young People) is a generic

qualification for all staff who work with children and young people in a social setting, for example, nursery, pre-school and residential or day care facilities, and is the qualification deemed suitable for foster carers, even though the children in their care may have different needs. In order to qualify for the SCQF3 level 7, all learners must complete four Core/Mandatory Units; Communication, Health and Safety, Reflection on Practice and the Promotion of Safeguarding of Children and Young People. The learner must also complete two 'Optional' Units of their own choosing. In order to gain the award, the learner must gain a minimum total number of 68 Credits. Each credit requires the equivalent of 10 hours of study or effort. Overall the Mandatory Units require a total of 380 hours to complete, and are awarded 38 Credits. A further 300 hours or 30 credits will be required before the SCQF Level 7 can be awarded.

One of the reasons for aligning the curriculum with the National Occupational Standards for foster carers is to '...professionalise the foster care service,' (Vickers, 2004:155). The discourse of professionalism, though, may be used to disguise attempts by an organisation to exert control over its workforce. For Local Authorities, care in the public sector requires routines and standardisation because 'bureaucracies function through routines' (Fisher and Tronto, 1990:49), since they are under pressure to manage budgets. The foster carer, who works within their own home, cannot be directly managed or controlled. Notwithstanding this, Wilson and Evetts (2006) point out that control by an organisation can be achieved by standardising work practices, creating greater accountability and increasing occupational training. In addition, the provision for external qualifications is in line with government policy whereby the Education and Skills sector supports the economy by providing employers with a skilled workforce tailored to industry requirements (H.M. Government, 2012:1). It is also commensurate with what Parsons (1956:314) called '...the (male) instrumental roles of goal attainment and adaptation which take place in the economy'. However, 'doing an NVQ is not training' (Vickers, 2004:159). It is seen as an additional qualification for carers, which in some Local Authorities can be tied to increased remuneration. But the increased remuneration for achieving the SNVQ is more of a 'symbolic' payment (Ungerson, 1995), rather than as a professional rate for the job (Nutt, 2006:30). With no timescale or point in their career by which the foster carer is meant to have acquired the qualification of the 'competent' person, the pursuit of qualifications can create divisions amongst carers. Carers who demonstrate the most commitment and gain the most qualifications, are expected to foster the most difficult and

challenging children, whilst still receiving only a 'symbolic payment'. It is also possible that:

...experienced carers might be expected to look after increasingly difficult children with decreasing amounts of support once their reputation as competent carers is established (Minnis and Devine, 2001:52).

In this way, training and the pursuit of qualifications can become a tool of dominance, oppression and exploitation. However, this is not to deny the necessity of learning and development opportunities for foster carers. In its submission to the Scottish Government in 2008, the Fostering Network highlighted the usefulness of training as a supportive measure in recruiting and retaining foster carers. The challenge is to reconcile the tension between the tacit knowledge gained in giving personal, particular and 'invisible' care in the home and the 'training' based knowledge, bureaucratic routines, standards and generalisations of the workplace. The Foster Carer Review offers an opportunity to restructure the approach to the learning opportunities of foster carers whilst possibly defusing some of the tensions.

#### The Learning and Development Framework

The specific points in a foster carer's career, to be stipulated in the Learning and Development Framework, relate purely to time elements in the Framework and give no indication of the level of competency, the content of the 'Learning' or how it progresses to achieve the 'Development' part of the title. In 1980, Stuart and Hubert Dreyfus published a report on how students acquired skills. Five distinct stages were identified, which were summarised by Eraut (1994) as Novice, Advanced Beginner, Competent, Proficient and Expert. Each stage is characterised by different modes of knowledge base, attitude and skills. For example, the Beginner follows rules and adheres to them without deviation whereas the Expert has an intuitive understanding of the situation and envisages innovative solutions using an analytical approach (Benner, 2001).

In applying this model to the education of foster carers, the majority of carers start their fostering careers between the ages of 31 to 40 years old (45%), with only 15% of carers being in the 21 to 30 years age group, 27% being in the 41 to 50 years age group and 13% of carers are aged 51 or over (Triseliotis et al., 2000). As such, most foster carers have a certain amount of life experience by the time they come to consider fostering, over 90% have had children of their own (Triseliotis et al., 2000) and many appear to have had experience in the caring professions (Statham et al., 2008). Therefore, prospective foster



carers are not 'blank slates' when they start the Preparation Course, they are already adept in caring for children. They are beginners or novices only in adapting their skills to meet the needs of Looked After and Accommodated children. As beginners, they will have no experience of the specific situations with which they are expected to deal and 'must be given rules' (Benner, 2001:21) to guide their practice. This level would be suitable for the Preparation Groups which are not only about assessing suitability to become a foster carer but which also should have elements of instruction, as advocated by Triseliotis et al. (2000). Once the beginner has passed the first Matching and Approving Panel, it is expected that s/he will have the opportunity to look after a child/children in foster care. At this stage s/he may be considered an Advanced Beginner, according to Dreyfus and Dreyfus (1980), who is applying their knowledge in the real situation, with 'marginally acceptable performances' (Benner, 2001:22). Advanced Beginners need support to function using guidelines rather than rules, adapting their knowledge to the present situation. At the end of the first year after Approval, the Foster Carer is again presented to the Matching and Approval Panel, to ascertain that the mandatory Units of the Preparation stage in the Learning and Development Framework have been satisfactorily completed. Thereafter, Reviews are held annually and Approval by the Panel becomes a routine exercise unless an incident or problem arises. It would appear, therefore, that Approval at this stage indicates that the carer's performance is acceptable and the carer is now regarded as competent. Benner (2001) describes the competent individual as able to equate their present actions with their long-term goals and makes deliberate plans to achieve them. For the foster carers in this study, the long-term goal is to make a difference to the lives of the children in their care. In the words of one participant, to '*...give them what they're missing out on and all that*' (Ellon:49), in terms of the physical, social and emotional nourishment that enables a child to later function adequately as an adult. The goal setting and deliberate planning which characterises the competent carer is evidenced by the paying of particular attention to the needs of the individual child and planning to reduce stress by tailoring interactions around major stress situations such as bedtime.

The Framework should not only indicate the progression of knowledge and skill expected of the learner, but also evidence of appropriate attitudes towards personal learning and development. For the beginner, the attitude should be one of engagement with the process of Approval. As an Advanced Beginner, it is expected that the new foster carer will actively participate in learning and developing skills. As a competent practitioner, an attitude of commitment and concern for the welfare of others may be translated in to

behaviours such as sharing learning experiences, supporting other foster carers individually and through groups, and being able to sensitively interpret the needs of an abused and traumatised child.

### *The Content of Learning within the Framework*

In order to reach the level of the competent carer, it is necessary for the content of learning in the Framework to adequately support the progression of knowledge, skills and attitudes leading to that level. It has been stated that the curriculum should be based on the National Occupation Standards: Working with Children and Young People (LACSIG, 2013:25).

The National Occupational Standards are also used by accrediting authorities for the Scottish National Vocational Qualifications (SNVQ). So, if the content of the Learning and Development Framework for foster carers is to be based on the NOS, which also act as the basis for the SNVQ's, the curriculum framework could be structured to mirror the SNVQ. However, the generic nature of the SNVQ course and its varied workplace locations means that it is heavily orientated towards the 'normal' child, whereas foster carers are almost entirely working with a 'damaged' population, whose physical, social and emotional development may have been compromised (Minnis and Devine, 2001; Ford et al., 2007). This should be reflected more specifically in the content of the Units. For example, the Unit on communication should include supporting children who make disclosures about harm or abuse, currently an optional Unit, but arguably more pertinent to foster carers than the Mandatory Unit 'Promote Effective Communication'. Since the Review raises the possibility of a dedicated Foster Care Award Qualification (LACSIG, 2013:27.63), it seems desirable that this should happen.

### *The 'Novice'*

At all stages in the Review document the word 'training' is used to describe the process. Training is often used in work-based context with a view to improve output and is '...characterised as an instructor-led, content-based intervention leading to desired changes in behaviour' (Sloman, 2005:2). At the Preparatory 'Beginner' stage the prospective foster carer is ignorant of legal and bureaucratic elements therefore 'training' may be an appropriate concept. But the Preparation also consists of intensive one-to-one sessions with the Family Placement Worker, exploring the candidates' motivations and experiences and identifying the skills and knowledge that the candidate already possesses. This requires a different approach from both candidate and the Social Worker. Instead of passively receiving information, the candidate has to engage with the process by being

willing to discuss personal information and aligning the information disseminated in the 'training' with their personal concept of fostering and childcare. The extent to which the candidate is willing to engage in this activity demonstrates their commitment to the process. The Social Worker in turn has to move from an authoritative position to an enabling one, in which the candidate feels safe to disclose personal information. In this way, during the 'Novice' stage, the prospective foster carer moves from being 'trained' to being facilitated to learn.

### The Advanced Beginner

Once the candidate has passed the Matching and Approval Panel, it is expected that the new foster carer will have a child or children placed with them. Theoretical concepts of the effects of abuse and neglect become present realities on a daily (and nightly) basis. In this Induction year after Approval, the carer is an advanced beginner and, as Benner (2001:24) suggests, requires greater support than that of the competent practitioner. As the Family Placement Social Worker has the task of matching a child in care with a foster family and as such has the power to confer or withhold placements, newly approved foster carers may feel that they have to show their commitment to fostering by being prepared to take almost any placement offered, whether or not they have been approved for that age range or level of difficulty. In this case, the foster carer will require an even greater level of support. Currently Family Placement Social Workers are required to visit their foster carers every four weeks whilst a child is in placement and every six weeks otherwise. (Local Authority, 2015) This is similar to the patterns of visits noted by Clarke (2009) and Wade et al. (2012). However, more frequent social work visits have been shown to increase the foster carers' feelings of being supported (Fisher et al., 2000), therefore Tregeagle et al., (2011) recommended that there should be more social work visits during the first year after Approval. It was also noted by McDermid et al. (2012) that foster carers who feel well supported are more likely to engage in support groups, and actively participate in further learning opportunities.

Support for accessing learning opportunities may be particularly appreciated as a significant proportion of foster carers, 27%, have no formal qualifications (Brannen et al., 2007). The majority of carers have been educated to GCSE, A level or equivalents, as researched by Brannen et al., in 2007. Also, there are fewer foster carers with a degree than in the general population of working adults, as reported by the Department of

Business Innovation and Skills in 2012. This may indicate poor educational experiences and/or literacy skill issues. It may also may create a lack of confidence in the foster carer and act as a barrier to learning, which was recognised by the Scottish Government (2008:50). In a new learning situation, the foster carer may feel inhibited in making a frank disclosure of the difficulties through which reflective learning takes place. But only sharing good or positive experiences would not reflect the realities of foster care and would limit the opportunities for learning. In presenting only the ideal facets of their experience, foster carers could ‘miss much of what is significant about our actual practice’ (Benner, 2001:xxv). In order to address this situation, it may be necessary to acknowledge the skills experienced foster carers have, even if they do not, as yet, have academic credibility.

In all recognised professions, new entrants (novices) to the profession are taught by the experienced members of that profession. At present, for foster carers in this Authority, all formal learning experiences are selected and organised by social workers, as stated in Chapter One. Once approved by a Matching and Approving Panel, a new foster carer has to make contact with other foster carers through informal networks made at study days, or if caring for a large sibling group, there may be an opportunity to connect with the carers looking after the other family members. However, it is from observing colleagues in the workplace that new entrants to a vocation formulate ideas of ‘...how new behaviours are performed, and on later occasions this coded information serves as a guide for action’ (Bandura, 1977:22). This is known as ‘mentoring’ which usually entails...

...informal communication, usually face-to-face and during a sustained period of time, between a person who is perceived to have greater relevant knowledge, wisdom or experience (the mentor) and a person who is perceived to have less (the protégé), (Bozeman and Feeney, 2007:731).

As one foster carer in this study remarked, ‘...you’d a power of knowledge in the learning that you got from one another’ (Juliet:123). Also, it is through mentorship that novice aspirants to a profession or vocation have access to the desired attitudes and skills of that profession or vocation. According to Elzubeir and Rizk (2001), ideal role models would be committed to the care of the child/children, have a positive attitude towards the learner, be good communicators, competent, enthusiastic and motivating. However, since the foster carer does not work in an environment alongside others, there is less opportunity for the informal communication which characterises the ‘protégé’ and the mentor scenario. It would be inappropriate to use social workers as mentors as, according to Lockwood and Kunda (1997), they lack legitimacy as role models. Also, learning opportunities should

surely not be regarded as something which can be ‘bolted on’ to a foster carer’s existing commitments.

Preceptorship is a formal support and guidance arrangement aimed at enabling new entrants to a profession, after a period of education, become competent members of that profession, according to the Nursing and Midwifery Council in 2006 (hereafter NMC). In nursing, it is recommended that preceptees have learning time protected in their first year of practice and regular scheduled access to their preceptor (NMC, 2006:2). It is recommended that Family Placement Social Workers should be ‘trained’ to support foster carers on-going learning and development but it is also recommended that other carers should be trained ‘in order to appropriately engage with, and deliver training’ (The Scottish Government, 2008:52). Preceptors could be identified from the existing pool of foster carers and given the opportunity to attend a preparation course prior to being linked with a new foster carer. Knowles (1980) suggested that Preceptors should be able to provide guided, cooperative interactions with the learner, in order to create opportunities for new knowledge to be linked with past experience. The advantage of having foster carers as preceptors is that they have the lived experience and the practical knowledge of caring for other people’s children. Also using other carers as a teaching and learning resource may reduce foster carer fears regarding education and encourage the new foster carer to embrace a culture of life-long learning. The geography of the Local Authority may make it difficult for frequent face-to-face interactions but other forms of communication may be possible, for example telephone, internet, face-time or Skype on a more regular basis, as recommended by the Scottish Government (2008). Other forms of support which may be made available are group study days, crèches and child care costs when studying, and payment of expenses for travel costs (Warwickshire County Council, 2014:58). The provision of these supports indicates the commitment of the Local Authority to the education of foster carers and positively engages with them prior to the assessment of competence at the end of the induction year.

### Assessment of Learning

By the end of the Induction year, the carer must be re-approved by the Matching and Approval Panel. If the Preparation and Induction courses were aligned with the SVA courses, this course could form part of the assessment, and, if appropriate, the SNVQ3 Level 7, or its equivalent, awarded. But enrolling potential foster carers onto an SNVQ qualification would be expensive, particularly if the potential foster carer is not approved at

the end of the assessment period. As Vickers (2004) pointed out, it becomes even more wasteful if an existing foster carer already possesses the skills required but not the formal award, and all that needs to be ascertained is the underlying knowledge base. With so much of the current Preparation course and the candidates own life experiences mirroring the units of the SNVQ's, Recognition of Prior (informal) Learning (hereafter RPiL) could be built in to the structure of the Preparation and Induction courses.

RPiL is based on the premise that individuals can learn from the experiences which they have had. According to Kolb's Learning Cycle (1984), experiencing the event is the first stage of learning. The second stage (Reflection) is thinking back or reflecting on that experience. Abstracting salient points from it (Abstraction) and using these abstractions to make connections with other ideas or knowledge is the third stage. Applying these abstract generalisations or new ideas to new experiences, (the fourth stage) gives rise to further reflective learning (Moon, 2000). RPiL uses a criterion-referenced assessment process by which the evidence compiled by the candidate is compared with the five characteristics of the SCQF Level Descriptors, namely knowledge and understanding, applied knowledge and understanding, generic cognitive skills, communication, ICT and numeracy skills, autonomy, accountability and working with others (SCQF, 2012:2-3). As the characteristics of the Level Descriptors are generic to all the qualifications, individual parts of them may not be relevant for every SNVQ (SQCF, 2012:2-3). However they give an indication of the capabilities expected of a learner at a specified SCQF level.

To support the claim for RPiL, a facilitator needs to be identified, which for potential and newly approved foster carers would be the Family Placement social worker who conducted their assessment. During their assessment for fostering, the social worker must obtain information on the candidates' skills and competence to care for a child who is not their own (Department for Education, 2013:8). This information is gathered from the candidates in interviews where the candidates reflect on their own childhoods, their own experience of parenting and being parented, and what they learnt from these experiences. Formal child care qualifications, if any, will also be noted. This mirrors the requirements for RPiL which involves the candidate reflecting on his/her experiences with the facilitator and identifying the learning that has accrued from these experiences. However, to be accepted as Prior Learning 'recognition is given for what has been learned from experience and not for the experience itself' (SQA, 2013:6). The particular difference between the assessment for fostering and the assessment for RPiL is that in the former, the social worker does the

writing and for RPil, it is the candidate's responsibility (SQA, 2013:14). In addition, evidence can be compiled from reflective accounts, project work, profiling, professional discussion and structured interviews as well as other relevant sources. RPil may be used to credit up to 50% of a Unit. Formal learning during the Preparation and Induction courses should be structured to provide the remainder of the evidence. For the formal learning component, assessors must be experienced and occupationally competent for the Units they are assessing, able to perform the functions within the units to the standard described. They must also have knowledge and experience of the regulations, legislation and Codes of Practice which may be applicable. Assessors for the SVQ Social Care (Children and Young People) for foster carers may be social workers or experienced foster carers but all must have completed an appropriate assessors' qualification. Before the candidate undertakes assessment of particular points of a Unit, the assessor should discuss the points to be assessed and agree what types of evidence need to be provided. This may be seen as a type of formative assessment in which:

...judgments about the quality of student responses (performances, pieces, or works) can be used to shape and improve the student's competence by short-circuiting the randomness and inefficiency of trial-and-error learning (Sadler, 1989:120).

The student plays an active role in the assessment by setting goals to increase their knowledge, deciding how to evidence that knowledge in the most appropriate way and 'monitoring the accumulating effects of their engagement' (Butler and Winne, 1995:245). Evidence of learning can be submitted at any time during the process, within the timescale of the SNVQ.

Candidates are also meant to demonstrate practical competence since these are vocational awards and it is stated that observation of performance 'is the principle and most reliable method of assessment and observation is needed for each Unit' (SQA, 2014:2). However, difficulties may be encountered with the practical assessment process, which should take in the workplace. For the foster carer, the workplace is their entire home, not a discrete office or part of the home. Vickers (2004) noted that it may be felt that 'direct observations by the assessor could be intrusive, given the location of the assessment in the foster care home'. This presents a dilemma. Since the SVQ is a generic qualification for all those who work with children, it is assumed that the Health and Safety component will take place in a work setting. But my home is checked annually for hazards, the state of the fire alarms and up-to-date insurance policies by the Local Authority. There should be some

discussion as to whether procedures relevant and necessary in the work place are necessary or desirable in a domestic setting. There is a danger that:

The intrusion of these regulatory activities increasingly draws it closer to the formal sphere and, in the process, damages the very qualities of family life which it seeks to promote (Rhodes, 1993:11).

Where there are issues regarding confidentiality of information about a Looked After and Accommodated child, an alternative form of assessment could be the use of simulation, for example of a conversation with a child who is disclosing abuse (SQA, 2014:5). Other assessments may involve the Reports to the Looked After and Accommodated Children's Reviews or Children's Panels or during visits by the social workers to the foster carer's home where interactions between the carer and the foster child may be noted. Use may also be made of 'Expert Witnesses' with whom the foster carer may come in contact whilst caring for the child, for example, teachers, head teachers, legal safe-guarders, General Practitioners and other health professionals. Witness testimony should be in an original written document detailing their observations, and be signed, dated and the witness's relationship to the candidate note, as detailed in the SQA Assessments procedure documents dated 2013. Once all the points are met, the candidate and the assessor both sign the completion form. Internal verification is provided by an internal assessor who samples parts of the evidence, checks the administration requirements and confirms the completion of the Unit (SQA, 2013:6). External verification is conducted by an appointee of the SQA to ensure that there is uniform and consistent application of standards across all Centres which offer the SNVQ (SQA, 2013:6).

It is proposed, in the Review, that satisfactory completion of the Induction Course, when the carer has looked after a child for a year, would qualify the foster carer for a 'Level 2' award which should count towards an existing qualification but not be a qualification in itself (LACSIG, 2013:30). The SVQ 3 Social Services (Children and Young People) Level 7 is the level which is described as a measure of competence for those working with 'normal' children and young people. Since there is no other designated point in the Learning and Development Framework where the foster carer is formally assessed, I would argue that it is at this stage that the SNVQ 3 Level 7 or its equivalent should be awarded. If it is found that the carer does not meet this level of competency, it may be argued that no child should be placed with them unless some form of remedial or enhanced support is available.



Matching the requirements of the Induction and Preparation courses to a national qualification would benefit those carers who may wish to be employed in other areas of child care. Under the current proposals, existing carers will be required to complete the Induction Course within 2 years of the publication of the Learning and Development's Framework, 'no matter how long they have been involved in fostering' (LACSIG, 2013:30). Gaining a nationally recognized transferable qualification may make it seem a worthwhile exercise for those who have been caring for children for a number of years, apparently to the satisfaction of Social Services, without any recognized qualification. On completion of the mandatory Induction course, the role of preceptor may be a way of acknowledging their expertise. However, it should be recognized that there may be carers who decide to stop fostering rather than subject themselves to yet another form of scrutiny and further regulation.

### The Competent Carer

Having passed the Matching and Approval Panel at the end of the Induction year, the foster carer should be regarded as competent, and will be expected to manage the care of a LAA child with less formal support. However, even with the provision of study days, practice is too immediate and presents too many problems for foster carers to be able to wait to be 'trained' to not only cope, but also to make a difference. On a daily basis, the foster carer has to generate solutions, using past experience and knowledge to guide his/her actions, without necessarily being aware of all the decisions that he/she made leading up to the action. Schon noted that:

Every competent practitioner can recognize phenomena...for which he cannot give a reasonably accurate or complete description. In his day-to-day practice he makes innumerable judgements of quality for which he cannot state adequate criteria, and he displays skills for which he cannot state the rules and procedures (Schon, 1983, 1991:49-50).

This is the 'tacit' or hidden knowledge '...that has been subconsciously assimilated and emerges in practice, without practitioners necessarily being aware of this' (Paley, 1987:18). But for the knowledge to be used or understood by others, it must be illuminated. Schon suggested that the practitioner who wishes to elucidate his/her own practice should engage in the performance of an action, but think about it critically whilst doing so (reflection-in-action). At its conclusion, the practitioner should review the action, the decisions and the outcomes critically (reflection-on action). As more situations are encountered, and critically analysed, so similarities begin to emerge which the practitioner can recognise, creating a repertoire of responses, which 'includes the whole of his

experience insofar as it is accessible to him for understanding and action' (Schon, 1983, 1991:138). Schon goes on to propose that when a practitioner confronts a new situation, s/he not only recognises facets which are familiar from her/his repertoire, but also the aspects which are unfamiliar. Once familiar aspects have been identified, it allows the practitioner to take action based on the similarities between the past action and the present unique situation.

It is our capacity to see unfamiliar situations as familiar ones, and to do in the former as we have done in the latter, that enables us to bring our past experience to bear on the unique case (Schon, 1983, 1991:140).

But because the new situation is unique, there will not be an identical response to this new situation as there was in the first situation, therefore there will be an experimental and learning component in this new action, necessitating an on-going process of reflection in practice. Although foster carers will have been asked to reflect on their past and the lessons learnt from it in their Preparation and Induction stages, Reflection-in-Action requires the deliberate intent to create learning from action, at the time of the action. But learning which is reliant on the carer encountering each situation would mean that learning is slow and inefficient.

Bandura (1977) proposed, in his Social Learning Theory, that people learn from observing other people, but '...by definition, such observations take place in a social setting' (Merriam and Caffarella, 1991:134), and currently the only opportunity for such social settings is at the study or training days. For foster carers wishing to build a repertoire of knowledge, '...the knowledge necessary for practice must come from practice itself' (Rein and White, 1981:22). Practice for foster carers is concerned with dealing with the behaviours exhibited by the children, not in trying to merge their practical knowledge into categories such as attachment, resilience, abuse or neglect which denies the complexity of the situation, particularly when a child is showing evidence of all of those categories. Even though the children's backgrounds may be different, and the degree to which trauma or neglect has affected them is also different, there are certain situations or behaviours that foster carers will recognise as having elements of commonality, the familiar within the unique circumstances of their interaction with the child. Some of these elements were identified in the Areas of this research, for example, around 'Receiving the Child'. Other elements may be associated with apparently normal activities such as around eating, elimination, personal hygiene and bedtime. Carers themselves accrue a wealth of practical knowledge regarding how to manage the behaviours of the children in their care. In

addition, some carers will have been able to attend specialist study days yet there is no requirement or opportunity for them to feedback to others what they have learnt. Opportunities for sharing knowledge must be created.

The study days are a formal way of gathering carers together but with a scattered population and busy lives to lead looking after children, it may be they are the only opportunity for carers to meet. Therefore, there should be space within these study days for discussion around those elements of commonality, the ‘special sets of stories-histories, anecdotes, gossip, parables- [told with] interest, energy and feeling’ (Rein and White, 1981:5) which give life and meaning to the situations they are describing, and create access to the tacit knowledge accumulated by individual foster carers. As I used interviews to access knowledge, so other carers can use gathering together and the telling of stories. Over time there may emerge a repertoire of approaches to identified situations that can be used by other carers, and as they use them, they add to a body of knowledge.

Because practice wisdom itself is developmental, it is important to recognize that over time, the bits of insight themselves become recognised, more easily categorised (a more fully developed concepts), and consequently more readily communicated as knowledge (Klein and Bloom, 1995:804).

This may infer that there is no place for empirical knowledge base in foster care but Eraut (1994) suggested there were three elements to acquiring professional knowledge; through academic study, through the policies and practices of the profession or institution and through practice itself. However this is not a linear or hierarchical progression but rather interlocking components, any one of which may be dominant at any one time. Kimble (2013) also makes the point that both tacit and explicit knowledges are needed to ‘complete the picture’, as demonstrated when comparing my narratives with accepted theories.

Embracing CPD as a collaboration in learning which embraces both ‘training’ and ‘education’ requires social workers to relinquish an element of control and foster carers to actively participate in their own development. Teaching strategies move from instructive, through supportive to collaborative. In this way, learning for foster carers moves from being one of passive obedience to formal requirements to one where education is progressive and ‘an instrument of human liberation’ (Phillips and Siegal, 2013) for both foster carers and social workers.

### Final Reflections

I started this enquiry because I wanted to learn how to make a difference to the life of a child who had come in to my care through my Local Authority. Although my husband and I had attended the necessary Preparation classes and taken part in reflective interviews, when faced with the reality of a ‘stunted’ frightened child, I realised how inadequate my past experience and learning was to this new situation. Although I had learned many things, I had not learned (how) to foster. I was unsure of which of my actions were helpful or unhelpful, yet, in common with others, being able to help was my motivation for becoming a foster carer. There seemed to be no underlying model of caring practice that was relevant to foster carers generally yet I observed that some experienced foster carers appeared to have a tacit knowledge that enabled them to apparently care well for vulnerable and damaged children. The purpose of this study was to try and identify that knowledge and increase my own understanding of foster care at the same time. Another motivation for the research was to try to ensure that no other new foster carer should feel as bewildered as I did, so I wanted to be able to contribute to discussions regarding preparation and training. Ultimately, I hoped to propose a better way of learning to foster.

### Trust and Truth

I chose a qualitative study, following Padgett (1998), because I was seeking to illuminate the practice wisdom of other foster carers, rather than testing a theory through experimentation. In illuminating practice wisdom, I hoped to reference it with existing knowledge and theories of human flourishing, in order to promote well-being in vulnerable and damaged children.

Since this was an exploratory enquiry, I did not want to focus on one aspect at the expense of discovering other pertinent information. Yet I still want for others to trust the worthiness of this endeavour so that use may be made of my work to promote learning opportunities for other new carers, as well as to illuminate the practice wisdom of the carers who took part in this study. In quantitative research, use is made of the terms reliability and validity in order to measure the accuracy of the findings. Shenton (2004:63) states that many qualitative researchers prefer to use a different terminology ‘in order to distance themselves from the positivist paradigm’. Guba (1981) proposed four criteria for judging the trustworthiness of a study, namely, credibility, transferability, dependability and confirmability and I shall use these concepts to judge the quality of this study.

In trying to ascertain the credibility of the research, the main question to be asked is how well do the findings resonate with reality? In order to do this, Shenton (2004) provides a list of questions the researcher should ask him/herself. The first question is whether or not a recognised research method was employed. For this study I used face-to-face semi-structured interviews, which were analysed to identify themes once the recordings had been transcribed. Since I am embedded in the environment, I did not need to familiarise myself with the culture, but the small numbers of carers and the geographical spread limited my access to a wide sample of respondents. However, the honesty of my informants may be taken from their willingness to participate, the care with which they framed their answers, and their obvious pleasure in being able to speak openly about the experience of being a foster carer. During the interviews, I also engaged in reflective listening in order to verify inter-subjective understanding. My own reflections on the study form part of what Guba and Lincoln (1989) termed 'progressive subjectivity' which clarifies my developing constructions, making them available for scrutiny and challenge. Because I was seeking to identify tacit knowledge, that knowledge which is not easily articulated but discerned through the telling of stories, the themes were then grouped in to narratives in preparation for analysis. My interpretation of these stories may, of course, be open to question but in comparing the stories to other qualitative and quantitative studies in foster care I found a degree of commonality as well as insight. Hence, I can believe I have provided a credible construction of a social reality.

The next point to be considered is the transferability of the study to other situations. Since qualitative studies are usually concerned with small-scale studies of particular groups, it has been argued by Erlandson et al. (1993) that this is not a necessary measurement to be made. This viewpoint was contradicted by Denscombe (2002) who argued that transactions in one group may be considered as taking place within a broader group, therefore transferability is possible. As already stated, I had compared my narratives with other research and found that my respondent's experiences resonated with other foster carers in counties as far apart as Australia, Germany and America. This provides an element of triangulation, another reference point, and as such, enables tentative recommendations from this enquiry to be transferrable to other fostering situations.

Dependability in qualitative research is the extent to which the research may be repeated with the same subjects and methodology, that the same or similar results would be obtained. In order to do this, the researcher needs to detail the processes of the study so

that another researcher may repeat the study, even if the same results are not obtained. Throughout this study I have detailed the processes I followed so that another researcher could, if so desired, repeat the enquiry. But I did this, not for reasons of dependability, but also so that, if I am in error in my reasoning, the where and how of errors is visible and open to challenge or remedy.

The final test of trustworthiness is that of confirmability; that the findings of the enquiry result from the collection and analysis of the data, rather than from the researcher's biases and preferences. In Chapter Three, I used the words of the respondents, as far as possible to tell the story of foster care as understood by the foster carers. This was part of my attitude of respect to my respondents and commitment to confirmability. However, Nussbaum (1998:15) cautions that 'storytelling is never neutral; the narrator always directs attention to some features of the world rather than to others'. So, in order to avoid unconscious bias, the reflective writing creates an audit trail of my thoughts and decision making at various points in the study, which, even if contested, enables my text to be clarified as to how I reached my conclusions.

I also stated that in order to promote trustworthiness throughout the research, I would refer back to my conceptual framework at different points in the writing to ensure that I remained disciplined within the enquiry. This I did at the beginning and/or end of each chapter. In all of these ways, I have tried to be worthy of trust that this enquiry meets the criteria for value in qualitative research.

#### *Strengths and Limitations of this study*

Throughout this enquiry, I found the respondents, my fellow carers, to be generous both with their time, their support and in sharing their experiences. Being a foster carer, I am an 'insider' researcher, which may have facilitated the process of interviewing and being interviewed. This also gave this study a minority perspective, which adds to the body of research in foster care. The small number of respondents, 9 women and 1 man, may be seen as a limitation, however their experience ranged from eighteen months to thirty-two years, looking after a total of 406 children aged from birth to late teens. Another limitation may be that I chose not to interview the children in order to ascertain their views on the care they were receiving. Since all the carers in this study were looking after children on a short-term/emergency basis, I felt I could not morally justify the intrusion of interviewing vulnerable children at this stage in their care career. Also, the purpose of social research is

the improvement of a social practice (Kemmis and McTaggart, 1988) and the improvement for which I was aiming, was in the understanding of what foster carers can offer to improve the lives of Looked After and Accommodated children. Studying the practice of foster care through the experiences of other foster carers and integrating those experiences with current research allowed for ‘a collective reflection that can build knowledge’ (Benner, 2001: x). In comparing the theories and knowledge of development with the practice of foster carers, I was able to identify therapeutic opportunities in the everyday interactions of non-specialised foster care. Being able to make use of this knowledge, however, will depend on the capacities and capabilities of foster carers and the system in which they are embedded.

### *Capacities and Capabilities*

I chose to base my Conceptual Framework around the four Capacities identified by Nussbaum (1998:8) as those qualities which enable a person to ‘recognise the worth of human life’. Since I am the instigator of the study and as I wish to do well as a foster carer in fulfilling my responsibilities, the capacity of critical self-examination seemed to be an appropriate starting point. In the course of the enquiry, the respondents also spoke of their moments of doubt and self-criticism, demonstrating that they too utilised this capacity. The second capacity of ‘human beings bound to all other human beings by ties of recognition and concern’ (Nussbaum, 1998:10) may be evidenced by the choices that the respondents and I have made to look after children who come in to care. The evidence of empathy, whereby the respondents tried to understand what the child might have endured previously, and how the child might feel when entering the foster home, displays the use of ‘narrative imagining’. Finally, the commitment to partaking in this enquiry and the desire for learning opportunities demonstrates the capacity for knowledgeable understanding. In other words, the respondents have the capacity to care for LAA children to a recognisable standard, as evidenced by the fact that all the respondents were registered with the Local Authority, without blemish, at the time of the interviews. But within that role, are they capable of being as good at caring as they have the capacity to be?

As noted in Chapter One of this study, Nussbaum (2011) describes two types of capability, internal and combined. Internal capabilities are individual to the person and consist of those traits, skills and abilities deliberately cultivated through interaction with different environments. Combined capabilities consist of internal capabilities plus the ‘totality of

the opportunities' (Nussbaum, 2011:21) that the individual has to make choices and initiate actions. I would argue that, at the moment, the assumptions, ideas, culture and practices of the social work system inhibit the use of the combined capabilities of both social workers and foster carers.

Social work, whose knowledge base is derived from sociology, psychology, philosophy and law has, according to Dominelli (2009), too many theoretical models available to use, so there is no coherent body of knowledge to inform decision making in the face of messy situations in chaotic lives. Instead, it has been theorised by both Howarth (2007) and Munro (2011) that social work is informed by procedures rather than the use of professional judgement. Even though procedures are a necessary part of professional practice, there is also the element of what Howarth (2007) calls the 'professional domain'. Ingram (2013) describes this domain as the space between procedures and their actual use, where social workers use their perceptions, knowledge, experience and emotions in decision-making. Emotions play a part in decision-making as they are 'aroused by an appraisal of the significance or meaning of what is happening in that encounter' (Lazarus and Lazarus, 1994:151). Since emotions are evoked by the assessment of a situation, so, according to Morrison (2007), that emotional reaction should become part of the process of thought. However, there is an impression amongst social workers that being emotional is unprofessional (Holland, 1999), leading to a perception that, in contrast, foster carers are overly emotional (Thompson, 2007). This perception may lead to a communication barrier between social workers and foster carers, and reduce the capability of the system to meet the needs of the child.

In spite of social workers' perceptions, however, as a foster carer I have an 'obligation' to care as manifested in the Foster Carer Agreement (Local Authority, 2015). It is my duty to 'be able to physically and emotionally care for at least one child/young person' (Local Authority, 2015: 6.c [viii]), but I am confused by the term 'emotionally care for'. What does 'emotionally care for' mean? Does it mean that I should give care in such a way that I am not affected, emotionally, by that giving? Is that possible or desirable? As a foster carer for the past ten years, a mother for the past twenty-three years, as a Registered Nurse for twenty-five years, and a Registered Nurse Teacher for nine years, I have extensive knowledge of, and practice in, how to provide physical care for a child in such a way as to repair bodies, and promote and maintain health. In my identity as a human being I have



learnt how to care for my immediate environment. I am aware of how a messy, dirty, polluted environment affects me and how relaxing and pleasurable a calm, clean and welcoming environment can be. More importantly, I know how to create such a pleasant environment. I can provide a level of care to a vulnerable and damaged child which will meet the child's physical and environmental needs. I am also learning how to take care of my 'self', my inner emotional world which reflects my reactions to the situation, past and present, of the children in my care and to the systems and obligations which surround them, feelings of, for example, rage, disbelief, joy and grief. Cultivating the virtues is still a work in progress and I am finding the virtue of 'temperance' the hardest to cultivate. In view of this, what level of emotional care should I give to the LAA child who is living in my home? Batson and Weeks (1996) noted that emotional reactions are proportionate to the investment that is made into the relationship. Knowing this, should I commit to caring to such a degree that I can be hurt by the intensity of my emotions? What about the effect on the child? Do I have the right to burden him/her with my outpouring of emotion, when s/he is already burdened by the loss of significant people in his/her life? Returning to the Foster Carer Agreement (2015: section 2a), it is stated that foster carers are doing 'regulated work with children' so, since there is an official duty to care for a stranger, how 'professional' should that care be?

Professions are characterised by the expertise of their members who use their specialist knowledge to solve actual, rather than hypothetical, problems. It is the specialised nature of their knowledge that vindicates their standing in society as it is part of the 'calculus of social differentiation' (Brooks, 1998:235), and as yet, foster carers cannot lay claim to a specialist body of knowledge, although this study may make a contribution. The agenda towards professional status, however, is not necessarily welcomed amongst foster carers (Wilson and Evetts, 2006:41). For long term carers who have a child on a Permanence Order, the relationship more closely resembles that of a mother-child relationship rather than that of a professional carer paid to do a specific task as Wilson and Evetts (2006) and Blythe et al. (2013) have pointed out. Neither do kinship carers see themselves as part of a workforce (Rowe et al., 1989; Wilson et al., 2004), and even for short-term carers, there is an advantage in being a 'volunteer', with the power to say 'No'.

*If things are really going pear-shaped...if things were that bad, I would want to know that that child could be moved from my house. Whereas I don't know, if we get legally tied in to things, how it would all work (Juliet: 554).*

Other concerns are that foster caring would lose its ‘caring’ part.

*Are they going in it just for the money not for their feelings towards children which would be worrying (Connie: 427).*

If it is the non-verbal attachment behaviours which build between the foster carer and the child that are important in reducing cortisol levels (Teicher, 2004), it may be argued that an adult who becomes a foster carer ‘just for the money’ is unlikely to perform satisfactorily in the role. However, since at present foster carer payments in this Local Authority are at the level of an allowance or token gesture, it is unlikely that there will be sufficient remuneration to attract carers who have no altruistic motive. Further dialogue is needed between managers, social workers and foster carers regarding longer term plans relevant to foster care, regarding the position of those foster carers and kinship carers who do not wish to embrace a professional identity.

The lack of perceived knowledge on the part of the foster carer is another barrier to communication between foster carers and social workers, who perceive that care ‘somehow just happens’ (Pithouse and Rees, 2015:56), without acknowledging the thoughtful engagement that the carers in this study displayed. By not understanding their practice, foster carers capabilities are further restricted by social work systems. All the carers in this study were emergency or short term, but short term can last up to three years, a significant portion of a childhood. Yet foster carers are rarely given a realistic timeline for the placement, raising the question of when does ‘caring for’ become ‘caring about’ a child (Tronto, 1994). Reflecting back on the nature of care, which is at the heart of this study, to ‘care’ has been defined as

‘...everything that we do to continue, maintain and repair our ‘world’ so that we can live in it as well as possible. That world includes our bodies, ourselves, and our environment, all of which we seek to interweave in a complex, life-sustaining web’ (Tronto, 1993:103).

By this definition, care is purposeful and active, so in order to ‘care’ for a child, the foster carer must have an idea of what s/he hopes to achieve and a plan for accomplishing that idea. But that plan should be formally developed in conjunction with social services plans. At present there is no formal, robust assessment of the child and their current developmental needs on entry to care. Social workers could make use of foster carer’s knowledge of the child, which would contribute to a realistic assessment of the child’s long term future.

In this Local Authority we have trialled the use of the Well-Being Indicators as an assessment tool for use by the foster carers. The current model is clumsy and time-consuming but extremely useful when a carer is confronted with a child whose needs are so intense that it is difficult to gauge priorities and plan interventions. Social workers also use a model of well-being indicators but it is different from that which the foster carers use. Other professionals involved with LAA children have their own version. It would be useful if there was a common reporting structure so that goals can be shared and the progress of the child towards well-being may be assessed. Until the needs of the child are properly assessed and interventions appropriate to those needs are delivered, with foster carers fully included in the team supporting the child, outcomes will continue to be haphazard. After all:

A system that expects the child to change without questioning how the system works around the child ultimately cannot sufficiently help the child (Rocco-Briggs, 2008:203).

It would appear then, that in order to remove barriers between social workers and foster carers, and enhance the capabilities of both, professional practice for social workers should include an acknowledgement of emotion and emotional care for foster carers should retain an element of professionalism. If this practice were adopted, it would promote a sense of inclusion and team membership for foster carers which might be recognised by social workers as well. Since ‘professionalization is a process, rather than an end’ (Allen, 2010:10), this inclusion may promote the professional agenda.

Another way of enhancing the capability of foster carers is through the provision of a programme of education. The National Foster Care Review (LACSIG, 2015) advocated a curriculum which was based on technical rationality as...

...ambitious policy goals...can only be achieved by a skilled and qualified workforce whose practice is guided by a professional body of knowledge (Urban, 2008:4).

This sentence denies the existence or use of practice knowledge, whereas Nussbaum (2011:39) has stated that ‘Good policy is policy that respects an individual’s practical reason’. As such, I feel it is important that future learning and development programmes for foster carers are developed with respect to the practice wisdom that carers already possess.

The next stage of this endeavour will be to share this reflection with foster carers and social workers in order to promote ‘a shared basis for action’ (Orme, 2002:811). By sharing the basis for action, foster carers may be empowered to pursue their personal and potential professional aspirations as ‘empowerment is not the distribution of power, but involvement in the processes of power’ (Orme, 2002:807).

With the recommendations for change from the Foster Care Review due to be implemented in 2016, there is an opportunity to ‘make better’ or make a difference to the learning and development of foster carers. I hope that this dissertation will promote dialogue amongst foster carers, social work and learning providers. In order for this to happen, I need to subject my views to wider scrutiny. This I intend to do, at first locally, by presenting my thoughts on the therapeutic aspects of non-specialised foster care at foster carer study days. Hopefully, this will engender discussion and debate, creating a coherent conception of the role of the foster carer and the possibilities of their involvement in the professional practice of social work.

I have already become involved in the Learning and Development Steering Group for Foster Carers locally and, following discussion with Senior Managers, there has been agreement on the use of preceptors in supporting new carers during the Induction period. I am also creating links with the Centre for Excellence for Looked After Children in Scotland (CELCIS) and the Looked After Children Strategic Implementation Group (LACSIG) in order to contribute to some of the discussions regarding the Learning and Development component of the Foster Care Review.

In the meantime, I am a human being in my own right and a wife and mother and I delight in these relationships, although I am saddened at losing my identity of student. I am still a registered foster carer, a role I intend to continue for the foreseeable future. In spite of the challenges, I am looking forward to caring for another child or children. I remain curious and passionate about learning and education in its broadest sense however my cultivation of the virtues is very much a ‘work in progress’. To do justice to all of those who have helped me as a foster carer and researcher, I will need courage to face the challenges which are a necessary part of being open about this study; otherwise I will not know if I am ‘making a difference’. I will also need temperance to cope with those challenges with ‘recognition and concern’, giving each its due weight. With regards to wisdom, Baltes and Staudinger’s (2000:126) last three criteria associated with wisdom are knowledge

regarding the context of life, knowledge which considers relativism of values and life goals, and knowledge which takes in to consideration the uncertainties of life. Having engaged in this enquiry, I have a clearer idea of the practice of foster care, its context, values and contradictions. I may not have gained wisdom but I am certainly wiser than I was when I started.

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**ACCOMPANYING MATERIAL**

***THE LOOKED AFTER CHILDREN (SCOTLAND) REGULATIONS 2009***

***FOSTER CARER AGREEMENT***

**Foster Carer Agreement Between**

**(a)**[Name(s)]

**(b)**[Address]

**(Referred to as “The Foster Carer”)**

**and**

**THE COUNCIL, a Local Authority constituted in terms of the Local Government, etc (Scotland) Act 1994 and having its principal offices at Address.**

**This is an agreement in terms of regulation 24 of The Looked After Children (Scotland) Regulations 2009. It sets out the responsibilities and duties of the Council to Foster Carer and of the Foster Carer to the Local Authority as detailed in Schedule 6 of the said Regulations.**

**(c)Duration: The Agreement is dated from (                      ) to (                      ) unless terminated in terms of this agreement.**

**MATTERS AND OBLIGATIONS IN FOSTER CARER AGREEMENTS**

**(d)**The Foster Carer has been approved by the Local Authority as ..... Foster Carer(s) and adopters (delete as required) for  
child/ren of                      gender aged                      years.

**1. The support and training to be given to the Foster Carer.**

The Local Authority agrees to provide the following support and training to Foster Carers approved by them namely:

- a. It will allocate a Supervising Social Worker (SSW) to provide individual support to Foster Carers and their families.



- a.(i) (e) The Foster Carer's Worker is                      and she/he can be contacted by telephone on the following numbers                      ; also by email at the following addresses.
  
- a.(ii) The SSW will visit at least every 4 weeks when a child is in placement, and at least every 2 months when there is no child in placement. Arrangements out with this plan must be approved by the Service Manager.
  
- a.(iii) The SSW Worker may represent Foster Carers at meetings if considered appropriate including Linking and Matching meetings.
  
- b. It will pay for individual membership of The Fostering Network (TFN) for all approved Foster Carers. This will be cancelled when Foster Carers deregister.
  
- c. Foster Carers will receive basic equipment as required in preparation for placement. Items will be agreed in consultation with the Foster Carer's Supervising Social Worker who will process the request for equipment. Should a Foster Carer's approval to foster be terminated, for any reason, then all the equipment provided to the Foster Carer by the Local Authority in relation to their role as a Foster Carer must be returned to the Local Authority as soon as reasonably practicable.
  
- d. Paid Respite care of up to 2 weeks (i.e.14 nights) is viewed as a valid and integral part of the placement support, and should be organised with regard to the Child's Plan.
  
- e. It will provide an annual programme of training events in line with the recommendations of the Foster Care Review, 2014.
  - e.(i) The Foster Carer is expected to assume responsibility for personal learning and development, by committing to training, support groups and personal development opportunities, particularly as placement issues are identified.
  
  - e.(ii) Post approval training programmes will be organised for Foster Carers in accordance with their identified training needs.

## **2. The procedure for the review of approval of a Foster Carer.**

- a. A foster carer is doing regulated work with children under the Protection of Vulnerable Groups (PVG) Act and is required to join the PVG Scheme and request a PVG Scheme Record. All members of the Foster Carers household aged over 16 years are required to undertake an Enhanced Disclosure.

(i) The Foster Carer will allow access to an unannounced visit from your Supervising Social Worker at least once a year as specified in the National Care Standards.

b. Annual Review:

The status of Foster Carers will be reviewed by the Care Assessment and Reviewing Officer's Team (CARO) annually, and will return to the Local Authority's Approval and Matching Panel at the end of the first year, then every 3 years.

(i) The purpose of an Annual Review is to review the Foster Carers performance and the quality of care provided in line with the 'Review of Foster Carers' procedure. It is also an opportunity to assess whether a Foster Carer has been getting a supportive and helpful service from the Local Authority in undertaking the task of caring for the child.

c. Additional Review:

A complaint or allegation by or against a Foster Carer and/or changes in circumstances in respect of a Foster Carer, such as alterations in the family composition, may result in an additional review. It is the responsibility of the Foster Carer to advise the Supervising Social Worker of any such changes. Any review may, in certain circumstances, result in the revision of the terms, or termination, of a Foster Carers approval.

d. De-Registration:

The Local Authority will consider any requests for de-registration either by the Foster Carer or the Social Work Service. Foster Carers will have access to all reports submitted to the Approval and Matching Panel in relation to their registration and may submit additional reports.

d.(i) If a Foster Carer notifies the Local Authority they no longer wish to foster, then the Local Authority will terminate the Foster Carer's approval to foster from a date specified in a written notification.

d.(ii) If a Foster Carer notifies the Council that one of two joint Foster Carers no longer wishes to foster, then this would be dealt with at a Foster Carer Review. Following said Review the Foster Carer registration may be changed from a joint registration to single registration.

### **3. The procedure for handling of complaints and allegations against Foster Carers.**

#### **a. Complaints against Foster Carers**

a.(i) The Local Authority's designated Manager will be notified immediately of any complaint in respect of Foster Carers, and will arrange for an appropriate Social Worker to investigate the situation with the Supervising Social Worker.

a.(ii) All complaints will be handled as per Local Authority procedures. The procedure is determined by the basis of the complaint. A decision will be made as to whether the complaint should be dealt with through Child Protection Procedures or the statutory complaints procedure.

a.(iii) The Supervising Social Worker will continue to support Foster Carers throughout the investigation and ensure that the Foster Carers have access to appropriate counselling, including the Fostering Network Mediation Officer, should this be required.

a.(iv) Complaints can also be made directly to the Care Inspectorate.

a.(v) The said manager will notify the Carer in writing of the outcome of the investigation and, if appropriate, of any outstanding concerns and how these will be addressed.

#### **b. Allegations against Foster Carers**

b.(i) Whilst all allegations of abuse by a Foster Carer or a member of their family will be investigated with the same thoroughness as any other allegations, it is recognised that by looking after and accommodating other people's children, Carers can be particularly vulnerable to allegations of abuse.

b.(ii) Full details of the procedures used in this situation are contained in the Local Authority's Child Protection Procedures, the relevant sections of which are detailed in the Foster Carer's Handbook.

b.(iii) The Foster Carer's Supervising Social Worker will not be directly involved in the investigation and will continue to support the Foster Carer throughout the investigation. A referral can be made to The Fostering Network's Mediation Service if required.

### **4. The procedures in connection with the placement of children.**

#### **a. The matters to be covered in foster placement agreements and the respective obligations, under any such agreements, of the local authority and the foster carer;**

a.(i) The placement procedures for children.

Where possible, an initial placement planning meeting will be held prior to placement. Initial information about the child/young person(s) will be shared with the Foster Carer, provided in the formal referral form from the child's social worker to the family placement duty worker, prior to the initial placement arrangements being made. A meeting will be held within three working days (72 hours planning meeting) after a placement has been made. Thereafter, the placement will be subject to Looked After Children procedures.

a.(ii) The Foster Carer will be provided with the following:

#### Foster Carer's Agreement (This document)

This agreement confirms the responsibilities of the Local Authority to the Foster Carer, and the Foster Carer's responsibility to the Local Authority. The signing of the Foster Carer Agreement is a legal requirement and commits both parties to work together in the best interests of the child(ren) being placed.

Any variations in the Foster Carer Agreement from those specified in this document must be agreed in writing by The Local Authority Decision Maker, with knowledge and agreement of the Foster Carer.

The Foster Carer Agreement will be reviewed annually at the Foster Carer Review.

#### The Universal Child Assessment (UCA) and Placement Agreement

This documentation contains all the key background information and will accompany the child / young person at the point of admission, unless authorisation (in an emergency) is given by the Fostering and Adoption Service Manager. For each placement the UCA will detail the child/young person's needs and the responsibilities of all parties involved in meeting the child/young person's needs. This paperwork should also contain parental medical consent. Foster Carers will be given the opportunity to read the UCA and Placement Agreement before signing. By signing the Placement Agreement, Foster Carers are agreeing to co-operate with the arrangements in the Child's Plan

#### Health Record

The child/young person will be accompanied by their health record. The health status and medical needs of the child should be established at the time of placement.

### Medical consent

The issue of medical consent must be clarified at the point of placement. Usually the child's parent(s) would have consented to medical treatment and their signed authorisation will accompany the child/young person.

### Legal Documentation

The child/young person will be accompanied at the point of placement by a copy of the child's legal documentation. When receiving a child/young person into care the foster carer will be clear what the child's legal status is and the associated duties. The placing social worker will explain this at the time of placement.

### Risk Assessment

Each child coming into care or moving between placements will be accompanied by a risk assessment - a copy of which will be provided to the Foster Carer. This will be contained within the Universal Child's Assessment, and will be updated at the point of placement. The risk assessment process carried out by the Local Authority will include an assessment of the impact of the placement on all the other children and adults within the placement/household.

### The Child's Plan (Care Plan)

This will be detailed in the Universal Child's Assessment, and will profile the child/young person's needs and how they will be met in the future. The Child's Plan will include details of any contact arrangements with the child's birth family.

Once a placement is agreed, the Foster Carer will comply with the terms of the Foster Carer Agreement and the plan for the child, as detailed in the paperwork accompanying the child, and reviewed at the 72 hour planning meeting.

#### b. Financial arrangements

This section addresses the financial arrangements which are to exist between the Local Authority and the Foster Carer, including any special financial arrangements in relation to particular categories of children who may be placed with the Foster Carer.

(f) b.(i) The Foster Carer will receive an allowance of £.....a week for each child placed aged 0 to 10 years and £.....a week for each child placed aged 11-18 years. The allowances are reviewed and published annually by the Local Authority. The allowances are paid by the Local Authority two weeks in advance. A schedule of the current rates and what allowances are intended to cover is described in Table 1 (detailed below). Foster Carers will be paid under these allowance rates in accordance with this schedule. Foster Carers will be reimbursed for ferry costs and mileage of over 50 miles on submission of

claims for agreed travelling expenses at HM Revenue and Customs rates (45p per mile).

b.(ii) Current Payment Scales for Weekly Fostering Allowance Payments for Children

(g) Effective from 1<sup>st</sup> April 20.... to 31<sup>st</sup> March 20....

**Table 1**

<b>RATE</b>	<b>AGES 0-10</b>	<b>AGES 11-18</b>
<i>Carers Component</i>	£	£
<i>Clothing and Footwear</i>	£	£
<i>Food</i>	£	£
<i>Household Costs</i>	£	£
<i>Pocket Money and Leisure</i>	£	£
<i>Childcare</i>	£	£
<i>Training and Meetings</i>	£	£
<i>Travel</i>	£	£
<i>Personal Care</i>	£	£
<i>Insurance/Wear and Tear</i>	£	£
<i>Birthday and Religious Festivals</i>	£	£
<i>Holidays</i>	£	£
<b>Weekly Allowance</b>	<b>£</b>	<b>£</b>

Payments are reviewed on an annual basis

b.(iii) Foster Carers attending training arranged and approved by the Local Authority and who do not have a current foster placement may claim reimbursement of travel expenses. Claims should be submitted to the Foster Carer's Supervising Social Worker.

b.(iv) Any consideration for additional expenses will be dealt with through application in writing to the Service Manager, submitted by the Supervising Social Worker.

b.(v) It is the personal responsibility of all Foster Carers to declare their Foster Carer allowances to HM Revenue and Customs.

- c. The Local Authority's arrangements for meeting any legal liabilities of the Foster Carer arising by reason of a placement.
- c.(i) Foster Carers are included in the Local Authority Public Liability Insurance. A copy of this is available on request.
- c.(ii) As individual members of The Fostering Network, Foster Carers will have access to their Legal Advisory Service. Foster Carers will also benefit from The Fostering Network's legal expenses insurance scheme which pays the costs incurred as a result of any criminal prosecution brought against individuals or family member whilst acting as a Foster Carer.
- d. The procedure available to Foster Carers who wish to make representations to the Local Authority which placed the child.

If a Foster Carer wishes to make a complaint, representation or comment to the Local Authority concerning any aspect of the fostering service this can be done in the following ways:

- By direct communication with the Supervising Social Worker and/or Practice Lead
- By making comments in the Foster Carer Review Form
- By using the Local Authority's comments and complaints procedure
- By seeking support to make representations from The Fostering Network
- By contacting the Care Inspectorate

d.(i) The Supervising Social Worker will support the Foster Carer in making representation to the Local Authority which placed the child as required/appropriate.

d.(ii) The Local Authority's Fostering Service is committed to providing the best possible service to the children in its care and its Foster Carers and will use all feedback and learning positively in improving the service.

## **5. Foster Carer's obligation to give written notice to the Local Authority**

The Foster Carer will, as soon as is reasonably practicable, give written notice to the Local Authority of:

- a. Any intended change of address.
- b. Any change in the composition of the household, any other change in personal circumstances, any other event affecting either the Foster Carers capacity to care for any child placed or the suitability of the household and any criminal convictions arising between approval and subsequent reviews.

- c. The outcome of any request or application made by the Foster Carer or any other member of the Foster Carer's household to foster or adopt children (paragraph 11 of Schedule 3), or for registration with Social Care and Social Work Improvement Scotland as a child minder in terms of the Regulation of Care (Scotland) Act 2001.

## **6. Obligations for Foster Carers**

Comprehensive guidance in relation to the Foster Carer duties/obligations can be found in the Foster Carer Handbook which will be issued to the Foster Carer when they are approved by the Local Authority.

### **Foster Carers will:**

#### **a. Corporal Punishment**

Commit to the Council's principles and policies including that they shall not use corporal punishment. The term "corporal punishment" covers any intentional application of force as punishment. This includes rough handling and any form of retaliation in response to violence from the child.

#### **b. Confidentiality**

b.(i) Keep confidential all information relating to a child in placement. All records relating to the placement must be stored securely in the locking boxes provided, or as agreed with the Supervising Social Worker, and returned to the Local Authority when they are no longer required.

b.(ii) Ensure that any information relating to a child placed with them, to the child's family or to any other person, which has been given in confidence in connection with a placement is kept confidential and is not disclosed to any person without the consent of the Local Authority.

- c. The Foster Carer will comply with the terms of the Foster Carer Agreement and the Child's Plan. This includes contact arrangements when directed by the Child's Plan, Children's Hearing or the Court. Where possible due consideration will be given by the Council to the Foster Carer's family's routines. The Foster Carer will:-

c.(i) work in partnership with the Local Authority.

c.(ii) work with flexible timescales and dual placement plans.

c.(iii) complete all relevant paperwork as required.

c.(iv) participate in and contribute to the child's meetings including LAAC Reviews. These Looked After Children Reviews will take place on a regular basis. Following the 72 hour planning meeting, the first review should be held



within 6 weeks following the child's placement with a second within 3 months of the first review. Thereafter, the review will take place at least every 6 months depending on the needs and circumstances of the child. These reviews will be chaired by the Local Authority CARO team.

It is the duty of a Foster Carer to:-

c.(v) Be able to physically and emotionally care for at least one child/young person between the ages of 0 – 25 years dependent upon their registration.

Foster Carers are expected to comply with the Local Authority's policy relating to acceptable computer security and use, including the Internet, for themselves and any foster children in their care. In particular, information of a confidential nature must not be communicated via domestic or unsecure electronic devices, such as by email or text etc, as this would constitute a serious breach of confidentiality. The Local Authority policy on this will be made available to Foster Carers.

It is a requirement of registration that Foster Carers have current household and motor insurance. Foster Carers will provide the Council with written evidence from their insurer that they have informed their insurer they are a Foster Carer and that any child/ren in placement is regarded as members of their family for the purposes of the insurance policy. Foster Carers are required to provide annual copies of their insurance policies and certificates to their Supervising Social Worker/ the Local Authority.

c.(vii) Actively discourage smoking in respect of any child/young person accommodated.

.(viii) Provide a nurturing environment where children/young people have the opportunity to develop their maximum social, emotional, psychological, spiritual and educational potential.

c.(ix) Understand and manage, to the best of their ability, with appropriate advice, support, and training, challenging behaviours, including those reflecting feelings of hurt, rejection, grief, loss and anger.

c.(x) Maintain a professional relationship with the families of children in placement.

It is the responsibility of the child's Social Worker to make arrangements in relation to contact. The Foster Carer may be requested to help with contact arrangements, providing transport if appropriate to facilitate the best possible experience for the child. This is subject to discussion with the Supervising Social Worker, Child's Social Worker, Foster Carer and the child's birth family, as appropriate, to agree arrangements acceptable to all parties involved.

d. Notify the Local Authority immediately of any serious illness of the child or of any other serious occurrence affecting the child.

- e. Given that placement disruptions are distressing and very often unsatisfactory for children/young people and Foster Carers alike it is expected that all placements will terminate in a planned way within mutually agreed timescales following full discussions with the Supervising Social Worker.

e(i) When a child requires to be transferred urgently, either at the request of the child's Social Worker or at the request of the Foster Carer, where appropriate this will be done in accordance with Section 143 of the Children's Hearing (Scotland) Act 2011. The child's Social Worker, in consultation with the Supervising Social Worker, will arrange the transfer and the Foster Carer will comply with any requirements the Local Authority may have in relation to this transfer.

e(ii) Where a placement terminates in an unplanned way, there will be a meeting with the Supervising Social Worker within seven days of the date of the termination of the placement to examine the reasons for this. Where the placement is terminated for any reason the Foster Carer must allow the child/young person and their belongings to be removed from the foster home by the Local Authority.

e(iii) A Disruption Meeting will likely be required within 4-12 weeks to more fully review events leading to the disruption and what learning can be taken from the experience. This will be conducted by an independent Chair from the CARO team.

**(h)Signed for and on behalf of The Council**

.....

Name:.....Date of Signing.....

Designation.....

Signature of Witness.....

Name:.....Date of Signing.....

**Signature of Joint Foster Carer.....**

Date of Signing .....

Signature of Witness .....

Name:..... Date of signing.....

**Signature of Joint Foster Carer.....**

Date of Signing .....

Signature of Witness .....

Name:.....Date of signing.....

## **GUIDANCE NOTES FOR COMPLETION OF FOSTER CARER AGREEMENT**

1. Box (a) - Foster Carer's name(s) to be inserted.
2. Box (b) - Foster Carer's address to be inserted.
3. Box (c) - Insert start and end dates of this agreement.
4. Box (d) - Complete with details of current registration of Foster Carer(s), as approved by the Agency Decision Maker.
5. Box (e) - Insert name of Supervising Social Worker, with contact details for office and mobile telephone numbers; also email address for Supervising Social Worker and Family Placement Team Duty email, as well as Local Authority golden number for members of the public in general.
6. Box (f) - Insert current total weekly rates of Allowance payments to Foster Carers for each age group.
7. Box (g) - Insert current year and rates fixed by the Local Authority for Allowance payments to Foster Carers in Table 1.
8. Box (h) - Signatures of Foster Carer(s) should be gained first, with witness signatures, to indicate acceptance of the Foster Carer Agreement and all its terms. This should then be forwarded to the Head of Service – Children and Families, for witnessed signature. All signings must be dated. A copy of the signed document is then sent to each Foster Carer household, and a copy is retained by the Local Authority to be located in the Foster Carer's file.